

SEMESTER _____ YEAR _____

STUDENT'S NAME _____ CAMPUS I.D. NO. _____

MAILING ADDRESS _____

PHONE NO. _____ CLASSIFICATION _____ MAJOR _____

MINOR _____ B.A. (____) B.S. (____)

TEACHER CERTIFICATION: YES (____) NO (____)

E-MAIL ADDRESS: _____

| COURSE REF. NO. (CALL NO.) | COURSE NAME | COURSE NUMBER | LAB | SECTION | SEM. CR. HRS. | COMMENTS |
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APPROVED _____
ADVISOR

===== TOTAL HOURS

ADVISOR NOTES _____

