SEMESTER_____ YEAR _____

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

MAILING ADDRESS _____

PHONE NO. _____ CLASSIFICATION _____

MAJOR _____ MINOR _____

EMAIL ADDRESS _____

PLAN TO EARN GAME DEV. CERT. Y ( ) N ( )

PLAN TO EARN WEB & MOBILE DEV. CERT. Y ( ) N ( )

STUDENT SIGNATURE _____

COURSE REF. NO. (CALL NO.)	COURSE NAME	COURSE NUMBER	LAB	SECTION	SEM. CR. HRS.	COMMENTS

APPROVED _____ _____TOTAL HOURS
ADVISOR

ADVISOR NOTES _____

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