



CLASSIFICATION OR SCHOOL

DATE / TERM

MAJOR DEPARTMENT

SOCIAL SECURITY NO.

NAME (Print):

LAST/SUFFIX

FIRST

MIDDLE

COMPLETE THE SECTION BELOW IN CONSULTATION WITH YOUR ADVISOR

CLASS SCHEDULE

DEPARTMENT	NUMBER	COURSE DESCRIPTION	HOURS

TOTAL HOURS →

APPROVED BY:

ADVISOR

DATED

EXPECT TO GRADUATE THIS QUARTER

YES NO

CANDIDATE FOR:

M.S. PH.D.

TEACH.
FELLOW

STATUS:

RES.
ASST.

TRAINEE

OTHER SPECIFY: _____
Revised (7/2005)