



Degree Completion Course Selection

Academic Year Start _____ ID number _____ Major: _____

Name _____ Anticipated Grad Date: *Mo.* _____ *Yr.* _____

6-month term course selection: _____ Fall (*Sept-Feb*) _____ Spring (*March-Aug*)

Course ID	Course Title	Cr. Hrs.	Time period

Maximum 24 credit hours (full time is 12-24 hours)

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Signed:

Student: _____

Advisor: _____

Date: _____

Date: _____

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