

Term: Fall Spring Summer Year: 20_____

Count Toward Degree

The University of Kansas

Last Name	First	M.	School/Level	Student #
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Department	Catalog #	Course Title	Class Number
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Department	The student has the PERMISSION OF THE DEPARTMENT to count this course toward his/her degree.		
Approval	_____	_____	_____
	Departmental representative signature	Department	Date*

School/College	The student has the APPROVAL OF THE STUDENT'S SCHOOL/COLLEGE to count this course toward his/her degree.		
Approval	_____	_____	_____
	School/College representative signature	School/College	Date*

*Must be presented to the Student Records Center, 151 Strong Hall in Lawrence, Room 3017 Student Center for Medical Center students, or Room 170 Regnier Hall for Edwards Campus students, by the last day of classes each semester (last day of class for short courses).