Term: □ Fall

□ Spring □ Summer

Year: 20

Last Name

First

M.

School/Level

Student #

Department Catalog #

Course Title

Class Number

Department

Approval

The student has the **PERMISSION OF THE DEPARTMENT** to count this course toward his/her degree.

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 stu- dents, or Room 170 Regnier Hall for Edwards Campus students, by the last day of classes each semester (last day of class for short courses).

11/05

The University of Kansas

Count Toward Degree