

Program Total					

Additional program degree requirements (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Field Experience | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Project | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |

Meets requirements of Catalog/Year _____

Comments/Notes/Justification Regarding Transfer and/or Substituted Courses

General Approvals:

_____ Student (printed or typed)	_____ Signature	_____ Date
_____ Advisor (printed or typed)	_____ Signature	_____ Date
_____ Chairman or Program Director (printed or typed)	_____ Signature	_____ Date
_____ Associate Dean, Degree Program (printed or typed)	_____ Signature	_____ Date
_____ Dean or Senior Associate Dean, Graduate College (printed or typed)	_____ Signature	_____ Date