

NAME

DATE

.....
E-MAIL

PHONE

ADDRESS

SU ID #

DEGREE

EXPECTED GRADUATION DATE

.....
REQUIRED COURSES (6 CREDITS)

1. TITLE

INSTRUCTOR

COURSE #

SEMESTER

2. TITLE

INSTRUCTOR

COURSE #

SEMESTER

ELECTIVE COURSES (6 CREDITS)

3. TITLE

INSTRUCTOR

COURSE #

SEMESTER

4. TITLE

INSTRUCTOR

COURSE #

SEMESTER

.....
APPROVAL (ADMINISTRATION ONLY)

DIRECTOR

DATE