

SS No. _____ Date: _____

Name: _____ Semester: _____

Cum. QPA: _____ Total Hrs. Earned to Date: _____ No. of Hrs. Requested _____

PLEASE NOTE: A GPA of 2.5 is required for approval

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

PLEASE RETURN THIS CARD TO THE REGISTRATION & RECORDS OFFICE A201