

SSN or Student ID # _____ Student's Name: _____

Curriculum _____ Total Hours to date _____ Total S/U Credits to date _____

CRN# _____ Course No./Course Title _____ Section _____ Credits _____

Instructor's Signature _____ Date _____

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____

*An S/U grade is NOT REVERSIBLE and could result in problems with transfer of these credits to another institution.

NOTE TO STUDENT: It is recommended that you bring a copy of your unofficial transcript to your advisor when completing this form.