

To: **Degree Checking**

Through: Tim Thomas, Chairman
Department of Engineering Technology

Student name: _____ ID Number: _____

Please allow course (s): _____

To substitute for course (s): _____

To satisfy requirements for degree in: _____

Justification (required): _____

Student's Signature

date: _____

Advisor's Approval

date: _____

Mr. Tim Thomas
Chairperson, Engineering Technology

date: _____

Dr. Bruce Dallman (required on Gen. Ed. Courses Only)
Dean, College of Technology

date: _____