Original sent to Degree Checking on

 / /

(date)

TO: Degree Checking

THROUGH: John Thompson, Chairman

Department of Automotive Technology

STUDENT NAME: ID NUMBER:

ADVISOR’S NAME:

Please allow course(s): (BE SURE TO INCLUDE **COURSE NUMBER** AND **NAME**)

1.

2.

3.

4.

5.

To substitute for course(s): (BE SURE TO INCLUDE **COURSE NUMBER** AND **NAME**)

1.

2.

3.

4.

5.

To satisfy requirements for degree in:

Justification (if required):

Student’s Signature Date

Advisor’s Approval Date

John Thompson

Chairperson, Automotive Technology

 Date

Dr. Tim Dawsey (required on Gen. Ed. Courses Only)

Dean, College of Technology

Date