

TO: Degree Checking

THROUGH: Greg Murray, 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 (if required):

Thank you.

Student's Signature

Date

Advisor's Approval

Date

Greg Murray
Chairperson, Engineering Technology

Date

Dr. Robert Frisbee (required on Gen. Ed. Courses Only)
Dean, College of Technology

Date