





IV. Courses Completed at Other Institutions as Partial Fulfillment of Program Requirements

Course #	Course Title	Hrs	Grade	Sem/Yr*	Instructor	University/College
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V. Explain any Variations from Approved Catalog Copy (Add a Separate Sheet if Necessary.)

VI. Approvals:

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEND COMPLETED FORM TO GRAD 317  
OFFICE OF ASSOCIATE DEAN FOR ACADEMIC AFFAIRS**