

Program/Cohort:	
Students Name:	
Daytime Phone Number:	

Term/Semester and Year for Course(s): Spring 20____
 Summer 20____
 Fall 20____

(A maximum of twelve semester hours is accepted toward the major.)

Milligan College Courses			
Department, Course #	Title	Credit	For
			<input type="checkbox"/> Elective <input type="checkbox"/> GER <input type="checkbox"/> Repeat
			<input type="checkbox"/> Elective <input type="checkbox"/> GER <input type="checkbox"/> Repeat
			<input type="checkbox"/> Elective <input type="checkbox"/> GER <input type="checkbox"/> Repeat
			<input type="checkbox"/> Elective <input type="checkbox"/> GER <input type="checkbox"/> Repeat

Other Courses			
Name of College/University:			
Department, Course #	Title	Credit	For
			<input type="checkbox"/> Elective <input type="checkbox"/> GER
			<input type="checkbox"/> Elective <input type="checkbox"/> GER
			<input type="checkbox"/> Elective <input type="checkbox"/> GER
			<input type="checkbox"/> Elective <input type="checkbox"/> GER

Student Signature		Date:	
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Review and Approval	
Number of Courses: _____	Total Hours: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Comments:	
Academic Advisor	Date:

Upon approval: Copy to Registrar (Milligan College Courses Only), Copy to Student, Original to Advisor's Student Advising file