MILLIGAN

Graduate and Professional Studies Office

Course Approval Form

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**
			☐ Elective ☐ GER ☐ Repeat
			☐ Elective ☐ GER ☐ Repeat
			☐ Elective ☐ GER ☐ Repeat
			☐ Elective ☐ GER ☐ Repeat

Other Courses			
Name of College/University:			
Department, Course #	**Title**	**Credit**	**For**
			☐ Elective ☐ GER
			☐ Elective ☐ GER
			☐ Elective ☐ GER
			☐ Elective ☐ GER

Student Signature		**Date:**	

Review and Approval			
Number of Courses:_____ Total Hours: _____ ☐ Approved ☐ 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