



Advisor's Comments:

\_\_\_\_\_  
Department Advisor

\_\_\_\_\_  
Date

Chair's Comments:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Curriculum Committee Approval

\_\_\_\_\_  
Date

RETURN FORM TO 106 KINARD, OFFICE OF STUDENT SERVICES

Distribution: Advisor \_\_\_\_\_ Student \_\_\_\_\_ Records \_\_\_\_\_ Dept. Chair \_\_\_\_\_