

Print Name _____
Last First Middle

Email Address _____ gtID# _____

Major School _____ Phone _____

COURSE INFORMATION

Course (Ex. SUBJ 1101 A3) _____

Course was originally taken: Term: Fall Spring Summer / Year: _____

Course was repeated Term: Fall Spring Summer / Year: _____

Student Signature _____ Date ____/____/____

SIGNATURES REQUIRED

MAJOR SCHOOL

Print Name _____

Advisor Signature _____ Date ____/____/____

ATHLETIC ADVISOR

*NCCA Student Athletes must also obtain their Athletic Association Academic Advisor's signature.

Print Name _____

Advisor Signature _____ Date ____/____/____

DEAN OF STUDENTS

Dean's Signature _____ Date ____/____/____

REGISTRAR'S OFFICE ONLY

Academic Standing _____ Approved Denied

Registrar's Signature _____ Date ____/____/____

