

Term: Fall Spring Summer Year: 20_____

Count Toward Degree

The University of Kansas

Last Name	First	M.	School/Level	Student #
Department	Catalog #	Course Title	Class Number	

Department The student has the **PERMISSION OF THE DEPARTMENT** to count this course toward his/her degree.

Approval

_____ Departmental representative signature _____ Department _____ Date*

School/College The student has the **APPROVAL OF THE STUDENT'S SCHOOL/COLLEGE** to count this course toward his/her degree.

Approval

_____ School/College representative signature _____ School/College _____ Date*

*Must be presented to the Enrollment & Financial Aid Center, 121 Strong Hall in Lawrence, Room 3017 Student Center for Medical Center students, or Room 170 Regnier Hall for Edwards Campus students, by the last day of classes each semester (last day of class for short courses).