

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).