

Term:  Fall  Spring  Summer Year: 20\_\_\_\_\_

\_\_\_\_\_  
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 Office of the University Registrar, KU Visitor Center, 1502 Iowa St. 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).

Revised: 03/13/2019

Count Toward Degree

The University of Kansas