

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 their 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 their 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