

Student's Name:				
Student's JAG Number:		Major:		
Course Completed:				
Dept	Course #	Title	Semester	Grade
The department recommends that this student be awarded the following course(s) and credit hours:				
Dept	Course #	Title		Credit Hrs.
Course Instru	ıctor (signatu	re)	Date	
Department	Chair (signatu	ure)	Date	

Date

Dean (signature)