



*TO BE COMPLETED BY STUDENT*

Bachelors     Masters     Doctoral

\* Doctoral or thesis students, please indicate the anticipated date of defense    Date

I will complete my course of study in the  semester.    Year:

I will enroll in \_\_\_\_\_ credit hours face-to-face.    I will enroll in \_\_\_\_\_ credit hours online

Name     Date of Birth

Signature     Date

*TO BE COMPLETED BY ACADEMIC DEPARTMENT*

In the final term, the student needs \_\_\_\_\_ credit hours to graduate

Academic Advisor's Signature     Date

Advisor's Email     Advisor's Phone

**Important Note:** If you find that you cannot graduate the semester as expected, please inform your international student advisor at the Center for Global Engagement to discuss your options.