Furman University Graduate Degree
Program Completion/Degree Audit

Name _____ FUID# _____Degree Sought_____

Concentration _____Date _____

Course No.	Title of Course as Listed in Catalog	Credit hours	Date Completed

Transfer Courses:

Course No.	Title of Course as Listed in Catalog	Credit hours	Date Completed

The student has completed the required courses with a minimum of B (3.0) average and is recommended to enroll in the practicum/internship and EDFD 879 (199) to complete the degree.

(Please print)

Last Name _____ First Name _____

Department _____

Program Coordinator Signature _____Date _____

For Graduate Studies Use Only

Approved:_____By: _____Comments_____

Disapproved: _____Date: _____ _____

_____

(GS4)