The University of Arizona

GRADUATE COURSEWORK COMPLETION FORM

A. To be completed by student:

Student's Name: _____ SID: _____
Print: First Middle Last

E-mail: _____ Tel: _____

Sponsored Student: □ Yes □ No

B. To be completed by Academic Advisor:

Degree program: □ Master's □ Doctorate

Semester coursework completed: _____

The student is expected to complete degree requirements on:

_____
Date

_____ _____
Academic Advisor (Print Name) Signature

_____ _____
College/Department Phone No. Date

I understand that in order to maintain full time status, I will continue to register for at least 3 units of thesis / dissertation or equivalent for fall and spring terms.

_____
Student Signature

C. PLEASE RETURN FORM TO INTERNATIONAL CENTER, 915 N. TYNDALL AVE.

FOR ISPS USE ONLY: □ Approved □ Denied _____ _____
Date ISA initials

Comments: _____

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