

Degree In-Absentia Plan

Student's Name: _____ A# _____

Catalog Year of Student's Program of Study 20____ to 20____

Anticipated APSU Degree: (check one) B.S. B.A. other: _____

Major: _____ Minor: _____

Residency requirement met? _____

Total hours earned toward degree: _____ of 120 required as of _____ (date).

Upper division hours earned toward degree: _____ of 39 required as of _____ (date).

Are credits needed for completion of degree requirements after final semester at APSU? _____

Institution offering professional program/courses:

Title of professional program (such as *John Doe School of Medicine*): _____

***List of Courses needed to satisfy APSU degree requirements:**

Transfer Courses			APSU Equivalencies			
Dept	Number	Title	Dept	Number	Title	SCH

**Advanced Approval Required. Student is required to submit relevant transfer course descriptions and/or syllabi to complete this form.*

Student Signature

Date

Department Chair Signature

Date

Dean Signature

Date

Provost Signature

Date

[Prior Credit Evaluation should be attached to this form.]