Please print clearly

Student Name: ___________________________  Student ID #: ___________________________

Anticipated Graduation Date: _______  Year Entered Taylor/Catalog Year: ____________

1st Major: ___________________________  Degree: AA  BA  BM  BS

Concentration(s) [if applicable] ___________________________

2nd Major: ___________________________  Degree: AA  BA  BM  BS

Concentration(s) [if applicable] ___________________________

1st Minor: ___________________________  2nd Minor: ___________________________

While Taylor University publishes program information and materials and assigns an academic advisor to assist me in planning my academic program, I am solely responsible for ensuring that my course selections fulfill all academic program requirements and comply with the policies and procedures of Taylor. I fully understand the degree requirements for graduating from Taylor and that changes in major, minor, degree, transfer credit, participation in off-campus programs, etc. may affect my future schedule planning and duration of study at Taylor University.

Student Signature ___________________________  Date ____________

Required

<table>
<thead>
<tr>
<th>Course Requirement (course not taking)</th>
<th>Course Substitution (course taking to meet the requirement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Prefix #</td>
<td>Credit Hours†</td>
</tr>
<tr>
<td>___________________________</td>
<td>____________</td>
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<tr>
<td>___________________________</td>
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<td>___________________________</td>
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</tbody>
</table>

†If credits of course taken is less than required course, indicate if course requirement is met in full. Note: Total major/minor hours must still be met.

Academic Advisor ___________________________  Date ____________

1st Major Department Chair* ___________________________  Date ____________

*Required if substitution applies to 1st major listed

2nd Major Department Chair* ___________________________  Date ____________

*Required if substitution applies to 2nd major listed

1st Minor Department Chair* ___________________________  Date ____________

*Required if substitution applies to 1st minor listed

2nd Minor Department Chair* ___________________________  Date ____________

*Required if substitution applies to 2nd minor listed

Associate Dean, FCC* ___________________________  Date ____________

*Required if substitution applies to foundational core requirement

For Registrar Office use only

□ My TU Degree  □ Notified Director of Graduation (Juniors/Seniors)  □ Filed in Student Folder

Office of the Registrar 10/30/2015