



This student has successfully completed the dual credit course(s) listed below:

 Student Name

 Student ID

Courses Completed:

Semester	Graduate	Undergraduate	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit to be applied upon completion:

Semester	Graduate	Undergraduate	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 Department Chair Signature

 Date

Please submit this form after the student has completed the course granting dual credit. The form may be mailed to the University Registrar at Box 10010, or emailed to Records@lamar.edu