

Printed Name of Graduate Advisor

2020-2021 Mixed Enrollment Form

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415 Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088 finaid@emporia.edu

This form is required for students who are admitted to a Graduate Program, but are enrolled in undergraduate courses or a combination of graduate and undergraduate courses.				
NAME:	Student ID #: E			
Graduate Degree program to which these und	lergraduate cour	ses will apply:		
Expected date of graduation date of the gradu	uate degree:			
For each semester, please list UNDERGRADUATE courses in which you intend to enroll here:				
Number and Name of Course	Credit Hours	Summer 2020	Fall 2020	Spring 2021
For each semester, please list GRADUATE cours				Corina 0001
Number and Name of Course	Credit Hours	Summer 2020	Fall 2020	Spring 2021
I certify that the information provided above is correct.				
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Signature of Student				Date
CERTIFICATION OF GRADUATE ACADEMIC ADVISOR I certify that the undergraduate courses listed above can be applied to graduate program requirements for the graduate degree program indicated.				
Signature of Graduate Advisor				Date

PLEASE RETURN COMPLETED FORM TO OFFICE OF FINANCIAL AID, SCHOLARSHIPS, & VETERANS SERVICES