

## COLLATERAL APPROVAL

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Course Prefix/Number	Title	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours: \_\_\_\_\_

**Requested by:**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by:**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor/Provost : \_\_\_\_\_ Date: \_\_\_\_\_

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**Received by:**

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_