

SUPPORTING AREA FORM

| DENT REQUEST: Student Name: | Union ID #: | | |
|---------------------------------------|---|-------------------|---------------|
| Planned Graduation Date: | Month Year Major | ſ: | |
| | ral is requested: ND RELIEF □ GENERAL STUD | | |
| SES FOR THE Supporting Area: | | ======== | |
| COURSE NUMBER | TITLE | SEMESTER HOURS | GRADE |
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| | TOTAL HOU | JRS: | |
| * I have confirmed, using the bu | lletin and my academic plan, that the a other capacity for my major. | | equired in so |
| | ======================================= | ========= | |
| | nt Print: Signature: | | oate: |
| | Signature: I | | |
| | Signature: | | |
| | | ======== | :====== |
| Completed F | Bv: Da | te: | |

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