

SUBMIT TO:

Office of the Registrar P.O. Box 728, Langston, OK 73050 P: 405-466-3225 | E: luregistrar@langston.edu

Student ID Number V			First Name	Middle Name
			A File Number	Email Address
Major			Phone Nur	 per
Enrollment Status: Undergraduate			e □ Gradua	
acility (campus	s): 🗆 Langs	ston Cam	pus 🗆 Oklaho	a City Campus ☐ Tulsa Campus
A Chapter: \Box	30 🗆 3	31 🗆 3	3 🗆 35 🗆	1606 ☐ 1607 ☐ Yellow Ribbon Participation
·) Spring 20 Summer 20
Course Abbreviation	Course Number	Credit Hour	Acceptable Credit	Comments Please include all substitutions(s), remediations(s), etc.
EX: EG	1113	3	Yes No	
	<u> </u>	I	<u> </u>	
d/Droop, Withdrawal),	MUST be report	ted to the Sch	ool Certifying Office (S	the courses listed. I acknowledge that any changes in my schedule) in the Registrar's Office. Failure to notify your SCO of change of yment to the Veteran Affairs Office.
udent Signature:				Date:
ertify that the co ted.	urses listed	above will	apply toward a	gree in the major filed indicated unless otherwise
dvisor Print Name:			Advisor	gnature: Date: