For Office Use Only

Shawnee State University

Graduate Workshop Credit

Special Status Application

Please complete this application and return it, with the workshop credit fee, to the Graduate Center, Shawnee State University, 940 Second Street, Portsmouth, Ohio 45662-4344.

Social Security Number: _____

Name: _____ (Last / First / M.I. / Former Name) Date of Birth: _____ (Month/Day/Year)

Permanent Address: _____ (Street / City / State / Zip)

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

College(s) Previously Attended

_____ Year of Graduation: _____

Degree(s) Earned: _____ Teaching License/Certificate: _____

_____ Year of Graduation: _____

Degree(s) Earned: _____ Teaching License/Certificate: _____

Graduate Workshop Credit

A. To be completed by the student.

I request permission to receive graduate workshop credit for the following course(s):

Course Number	Course/Workshop Name	Credit Hours

Student Name: _____ SS#: _____

B. To be completed by the instructor.

The above student completed the course/workshop for graduate workshop credit.

_____ (Instructor's Signature) _____ (Date)

C. To be completed by the department chair.

The graduate workshop credit is approved.

_____ (Chair's Signature) _____ (Date)

D. To be completed by the Bursar's office.

The graduate workshop credit fee ($130 per credit hour) is paid.

_____ (Assessed By) _____ (Date)

Form # – GC021014

Reset