

## OFFICE OF FINANCIAL AID

## **Course Evaluation Worksheet**

Student's Name: _				RamID#
	Last	First	MI	(or last 4 of Social Security Number)
	Name of Degree/Program	n Enrolled	Term of	Enrollment
Part A. Demogra	aphic Information			
1. Date of Birth: _				
2. Permanent Stre	eet Address:			
3. Permanent City	r:	4. State:	5. Zi	ip:
6: Permanent Pho	ne#: ( )	7. Mobile Phone#:	( )	<del>-</del>
7. Email Address:				
8. Last Semester /	Current Semester of Enrollment:			
Part B - Degree/	Certification Information (To	be completed by Academic Adv	isor or Departi	ment Chairperson)
-	Student is pursuing (check on	- '	_	ident Degree Level (check one)
	${m \square} 2^{nd}$ Undergraduate Degre	e		Undergraduate
	☐ Teacher Certification Prog	aram	П	, Graduate
	# Ho			(noted on attached check sheet)
	·	<u>Prerequisites</u> (course #	t and name)	- <del></del> -
				-
	<del></del>	<del></del> .		
<u>Additional Comm</u>	<u>ments</u>			
				. For financial aid purposes, the student will ticular degree or program.
	cknowledge that the above in plete the above mentioned deg		check she	et reflect an estimate of the number of ho
Academic Adviso	or (typed or printed)	S	ignature	