



COURSE COMPLETION AGREEMENT

1. _____
 CWID Degree or Certificate Program Current Term
2. _____
 Last Name First Name Middle Name
3. _____
 College of Charleston Email Phone Number

REG. TERM (Fall 2018)	DEPT. (BIOL)	NO. (629)	CRN (13985)	TITLE (Conservation Biology)

Remaining course work to be completed and submitted to the instructor: _____

Work must be completed by the student and submitted by this date: _____

I have read and understood the terms of this agreement. I understand that requests for an extension for completing the course requirements must be made at least two weeks in advance of the date indicated.

 Student Signature Date

 Instructor Signature PRINTED LAST NAME Date

Form should be submitted to Robyn Olejniczak (olejniczakr1@cofc.edu) in the Graduate School office

GSO USE ONLY

Approved: _____ Not Approved: _____

 Graduate School Dean Signature Date