



## Degree Review Form

**Student Name:** \_\_\_\_\_ **I.D.** \_\_\_\_\_

**PROGRAM OF STUDY** (List only one. No dual program approvals): \_\_\_\_\_

**Please list the remaining courses (including courses currently enrolled) needed to complete the program of study above. List ONLY the courses needed to graduate with a degree or certificate from Mott Community College. Do not list courses the student needs to be admitted into another college.**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

**Completed by Advisor/Counselor**

<b>Total Credits Needed:</b> _____	<b>Exit Date from MCC:</b> _____ (MUST BE COMPLETED) (MM/YYYY)
<b>Advisor/Counselor Signature</b>	<b>Date</b>
<b>Print Name Advisor/Counselor</b>	