

Montana State University Billings

Progress Toward Degree Under 12 Credits Authorization Form

Student Name	ID#	
Major	Graduate Date	
Academic Advisor	Semester	
Number of credits enrolled		
I in accordance recognize that I am under the required full-tin fact that I am in my final semester of my baccalisted amount of credits. By signing this form plan of study at the conclusion of the semeste	me enrollment of 12 credits, due to the alaureate program, and only need the I state that I will have completed my	
 Student-Athlete Signature	Date	
Academic Advisor Signature	Date	
Faculty Athletic Representative Signature	Date	
Compliance Department Signature	 Date	

This form must be accompanied with the student-athlete's Plan Of Study