

*Students, please fill out this form and attach your transcript and any other documentation.
After you have gotten the faculty signature, please bring this form to the Registrar's Office.*

Integrated Pathway COMPLETION Form

Student Name _____

Student ID # _____

Title of IP completed: _____

Courses student completed to fulfill IP course requirements:
Course title/ Division/ Semester student completed this course
Student should ATTACH a copy of your transcript.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Co-Curricular activity/ies student completed to fulfill IP requirements (attach appropriate documentation):

Culminating project student completed and Date completed:

Were any substitutions approved? Please describe.

I approve this completed Integrated Pathway.

IP Faculty signature _____

IP Faculty printed name _____

Date _____