



University of South Alabama • College of Arts and Sciences

Foreign Languages

RETROACTIVE CREDIT FORM

Student's Name:

Student's JAG Number:

Major:

Course Completed:

Dept	Course #	Title	Semester	Grade

The department recommends that this student be awarded the following course(s) and credit hours:

Dept	Course #	Title	Credit Hrs.

Course Instructor (signature)

Date

Department Chair (signature)

Date

Dean (signature)

Date