



THE GEORGE
 WASHINGTON
 UNIVERSITY
 WASHINGTON DC

DEPARTMENT OF: _____

GRADUATE PROGRAM OF STUDIES

Director of Graduate Studies: _____ Date: _____

Student's name: _____ **GWID:** _____

Degree: _____

Number of graduate credits transferred in: _____

Course work:

Semester	Courses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional requirements:

Requirement	Intended date of completion
_____	_____
_____	_____
_____	_____