

Electronic DIBS Form

Name _____

Program _____ Degree Type _____ Year (1,2, etc.) _____

How many courses (not counting research hours) do you plan to take this semester? _____

Number of courses needed to complete program _____

Email address _____

Class Choice

Rank	Class	Professor	Semester
1 st Choice	ENGL _____	_____	_____
2 nd Choice	ENGL _____	_____	_____
3 rd Choice	ENGL _____	_____	_____
4 th Choice	ENGL _____	_____	_____
5 th Choice	ENGL _____	_____	_____

Additional Comments:-

Signature/Date _____

Major Professor/Date _____