

Electronic DIBS Form

Name: _____

Major Professor: _____

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

How many courses in English (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 _____		

Will you be taking research hours this semester? (Y/N) _____

If yes, please list the course(s) you need:

Additional Comments:

Signature: _____

Date: _____

Major Professor: _____

Date: _____