



University of South Alabama ♦ College of Arts and Sciences
Foreign Languages
RETROACTIVE CREDIT CERTIFICATION

Student's Name: _____

Student's JAG Number: J00 _____ **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