

**GRADUATE STUDY COURSE COMPLETION RECORD
UNIVERSITY OF GEORGIA COOPERATIVE EXTENSION**

Name: _____ **Degree Program:** _____ **Institution:** _____

Course Number / Title	Class Site	Date Completed	Course Grade
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

Signature Date

Copy to supervisor(s) and appropriate administrative staff member

To be completed annually by August 1 until degree is completed