ACADEMIC PROGRAM EVALUATION
(Employee Educational Assistance Program)
DEACONESS HEALTH SYSTEM, INC.
Evansville, Indiana 47747

Student's Name (Print) _____
(LAST) (FIRST) (MIDDLE)

Hospital Department _____

TO BE COMPLETED BY FACULTY ADVISOR

1. Degree program toward which student is working: **Major, and Minor**

_____
(E.G., B.S. IN MEDICAL TECHNOLOGY, B.S. IN NURSING, ETC.)

2. What is the total number of credit hours earned at this college or university and at other universities as of this date that have been accepted toward the degree program listed in "1" above?_____

3. How many additional credit hours does the student need in order to complete all course requirements for the degree listed in "1" above?

_____

4. Please check the remaining requirements in addition to the credit hours in "3" above that the student needs in order to earn the degree:

THESIS _____ FOREIGN LANGUAGE EXAMS _____ STUDENT TEACHING _____

RESIDENCE _____ INTERNSHIP, FIELD WORK PLACEMENT OR CLINICAL AFFILIATIONS_____

OTHER _____
(PLEASE SPECIFY)

5. Please list the titles and course number of **all** courses which are required for attainment of the degree listed in "1" above. Asterisk those courses which have been completed in "2" above.

Course Title and Number	Number of Credit Hours

_____
(FACULTY ADVISOR)

_____
(COLLEGE OR UNIVERSITY)

_____
(DATE)

F-1031* (2/10)

(Continued on reverse side)

Course and Title Number	Number of Credit Hours

ELECTIVE COURSES

Course and Title Number	Number of Credit Hours