Pre- Registration Form

ICIR 343 Creative Job Search

Name-Surname:	**ID. No.:**
Contact no.:	**GPA:**
E-mail:	**Pls. fill in MU email only**

Request for an approval from the Program Director prior to registration for **ICIR 343 Creative Job Search** in

Trimester: _____ (1st Sept - Dec / 2nd Jan – March / 3rd April – July)

Academic Year: _____

Prerequisite completed:

☐ _____ Total credits earned (**within IRGA curriculum, excluding minor**)

☐ Attach completed IRGA Audit sheet

☐ Plan to take internship in Trimester_____ (1st Sept - Dec / 2nd Jan – March / 3rd April – July) Year _____

OR ☐ Plan to take Senior Thesis in Trimester_____ (1st Sept - Dec / 2nd Jan – March / 3rd April – July) Year _____

OR ☐ Plan to take 3 additional IRGA courses.

Please submit this form at the Social Science Division (IRGA Office)

Student's signature: ..... **Date:** ...../...../.....

Comment / Remark: ☐ Approved ☐ Acknowledged

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Advisor Program Director / Chairman

Date: ...../...../..... Date: ...../...../.....

Received by SSD Office : …….Date: ...../...../.....