

MODULE COVER SHEET

Please print or type all information. Please attach a coversheet to each course module and submit all modules together when your coursework is completed.

Date _____

Student's Name _____ SIDN _____

Home Phone _____ Work Phone _____ Email _____

Name of Academic Advisor _____

Degree or Certificate Program _____

Course Title _____ Course # _____

Module Description _____ Module # _____

Date received by BLU office _____

Evaluated by _____ Date _____ Grade _____

Comments: