**Pueblo of Isleta - Department of Education**
950 Moonlight Dr. SW Albuquerque, NM, 87105
Phone Number: (505)869-9790
Email: poischolarships@isletapueblo.com

# COURSE SCHEDULE VERIFICATION

**TO BE COMPLETED BY ACADEMIC ADVISOR**

This course schedule verification has been established in accordance to meet the student's academic requirement for success and in alignment with the Institution degree plan.

Student Name: _____

Program: _____

ID Number: _____

Concentration: _____

Institution: _____

Expected Graduation Date: _____

**Courses to be Completed:** Fall_____ Spring_____ Summer_____

Term Dates: _____

**Note:** *Repeated courses, will not be funded by the Pueblo of Isleta Higher Education Program.*

| Course Number | Credit Hour(s) | Course Title |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| **Total Credit Hours** | | |

**Comments:**

_____

_____

_____

Prepared by _____

Email _____

Phone _____

Fax _____

_____
***Academic Advisor Signature***

_____
***Date***