	Acknowledgement of
One (1) Incomplete Requirement	
Student Name:	ID Number
Study Abroad Semester	5
Fall 20	Spring 20 Fall/Spring: 20
I acknowledge that I have n	ot yet completed the following requirement:
QSR	WI PE
I plan to complete this requi	irement by:
(Name of course)	(Semester)
	Student Signature Date