Technical Elective Approval Form

Please fill out ALL the requested information in Section 1 of this form and seek your advisor and the department chair approval by filling and signing section 2 of this form.

SECTION 1: STUDENT INFORMATION (to be filled by the student)

STUDENT NAME & ID # ________________________
MAJOR ________________________
CURRENT SEMESTER ________________________
SEMESTER IN WHICH THE FOLLOWING COURSE WILL BE TAKEN ________________________

SECTION 2: COURSE SELECTION (to be filled by the student advisor)

The following course ________________________ can be taken by the student ________________________ during ________________________ and will count as a technical elective course in the student major.

ADVISOR SIGNATURE ________________________ DATE _________________

CHAIRPERSON SIGNATURE ________________________ DATE _________________