Authorization for an Advanced Track Elective

Student name: _______________________________  PID: _________________

Information about the proposed course elective:

1. Department: ____________________________  2. Course Number: _______________________

3. Course prerequisites:

________________________________________________________

4. Course description (from the Office of the Registrar website)

5. Any other relevant information you think is important:

Date submitted: ________________________________

Date approved: ________________________________

Approved by ________________________________  Signature ________________________________