

UNDERGRADUATE MAJOR: COURSE APPROVAL FORM

NAME: _____ SID# _____ ADVISOR: _____
Last, First

LOCAL ADDRESS: _____
Number Street Apt # City, State Zip Code

PERMANENT ADDRESS: _____
Number Street Apt # City, State Zip Code

E-MAIL: _____ LOCAL PHONE #: _____

- At the end of which semester do you expect to graduate? _____ (e.g., Semester/Year)

PROPOSED SCHEDULE OF CLASSES

FALL/SPRING 20__

COURSE(S)

UNITS

INSTRUCTOR

MAJOR ADVISOR'S SIGNATURE

MAJOR ELECTIVES

MAJOR ELECTIVES MUST BE LISTED AND APPROVED TO BE USED FOR THE MAJOR.

CLASS

MAJOR ADVISOR'S SIGNATURE for Approval

DATE

1. _____
2. _____
3. _____
4. _____