



# Department of Electrical Engineering

## Elective Approval Request Form

Student Name: \_\_\_\_\_

Student ID: 5000- \_\_\_\_\_

Patriot Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Catalog Year: \_\_\_\_\_

Directions: Fill out form and attach syllabi for requested course(s).

Approval of this form only guarantees that should you take the approved class it will count towards your degree plan.

Disclaimer: Form must be submitted to Dept. Chair by 1st day of semester.

\*\*\*\*\*Students are still responsible for meeting all pre-requisites and requirements of the department offering the course.\*\*\*\*\*

Course			
Dept	No	Title	Elective
			<input type="checkbox"/> Engineering/Science Elective <input type="checkbox"/> Senior Technical Electives <input type="checkbox"/> Graduate Electives

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requesting Student: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved  \_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor

Approved  Disapproved  \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair