

CSD REQUEST FOR PRE-APPROVAL TO TAKE AN NAU ELECTIVE

Student Name:

LOUIE ID#:

Address:

Phone number:

E-mail address:

Today's date:

Title of course:

Department and Course # (i.e. CSD 599):

Number of Credit Hours associated with this course:

When do you expect to take this course (i.e. Spring 2011)?

The requested Elective course must:

1. NOT duplicate course content in your current core program of study.
2. Be a graduate level accredited program course.
3. Equal 3 or more semester credit hours.

Request approved: _____ Comments: _____

Request denied: _____ Comments: _____

CSD Academic Advisor Signature: _____

Date: _____