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**ELECTIVE COURSE PLAN**

Request for Approval

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: | Enter your name here | Academic Advisor: | Enter your advisor's name here | Date of Request: | Enter the date |

**TOTAL CREDIT HOURS MUST EQUAL 3.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course  Number: | Enter course # here | | Course  Name: | Enter course name here | | | Credit Hours: | # of credits |
| Academic Department: | | Enter the department here | | | Sem/Year: | Enter the sem & year here | | |
| Course Description (from course catalog): | | | | | | | | |
| Enter the course description from the catalog here | | | | | | | | |
| Relevance to future practice: | | | | | | | | |
| Enter the relevance this course has to your future practice | | | | | | | | |
| If this course is not on the list of recommended electives, have you discussed your eligibility for the course with a departmental advisor? | | | | | | | | |
| Enter your eligibility here | | | | | | | | |

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Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Graduate Studies Signature Date