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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 | CreditHours: | # 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