



Department of Electrical Engineering
Elective Approval Request Form

Student Name: _____

Student ID: _____

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