Request for Approval

To: Associate Dean of:    ___ A&H ___ ATEC ___ BBS ___ ECS ___ MGT ___ NSM ___ EPPS

Fax: 2989   Mail Stop: JO31

From:   Advisor

School: ___ A&H ___ ATEC ___ BBS ___ ECS ___ MGT ___ NSM ___ EPPS

Fax: ___ Voice: ___ Mail Stop: ___

RE: ____________________________   ID#: ____________________________

Student’s LAST name, FIRST name

Request for: ____________________________   ____________________________

Course Number   ____________________________   Course Title   ____________________________

# of Hours   ____________________________

taken at: ____________________________   ____________________________

Institution   ____________________________   Location

during:    fall,    spring,    summer,    other    ____________________________, in    ____________________________,

Description   ____________________________   Year

Transfer as    ____________________________ and/or to satisfy    ____________________________ degree requirement.

Circle: Core designation:    010 Communication,    020 Mathematics I,    021 Mathematics II,    030 Natural Sci I,    031 Natural Sci II,

040 Humanities,    050 Vis/Perf Arts,    060 History,    070 Poli Sci,    080 Soc/Beh Sci,    090 CAO

Supporting Materials attached: Course Description    ____________________________, Syllabus    ____________________________, other    ____________________________

Response to Request

_____ Approved   _____ Core designation   _____ Not Approved*

Update Transfer Articulation Table? (Circle)   YES   NO

________________________________   ____________________________

Associate Dean   Date

*Reason: ____________________________________________________________

Route to The Office of the Registrar, ROC13 for Processing

Approved by Council for Undergraduate Education on ___________