Elective Approval Form

Student Name: ______________________
Semester: ___________ Year: ___________
Course Number\(^1\) and Title: _______________________
Include Institution and Department, if not UT Arlington:

Course Description: _______________________

Rationale for taking course: _______________________

Student must get approvals PRIOR to enrollment in the course.

____________________________  _______________________
Dissertation Chair              Date

____________________________  _______________________
Department Chair               Date

____________________________  _______________________
Department                    Date
(Signature of Doctoral Coordinator or Graduate Advisor)

\(^1\) Course must be three credit hours and doctoral level.