REQUEST FOR APPROVAL OF A COMPLEMENTARY STUDIES COURSE

Please use this form only to propose a course that is not on the Complementary Studies List. Submit this request to your student advisor.

The calendar description and course syllabus must be attached.

Part 1: To be completed by student

Request date: __________________
Student name: _________________________________________
Student #: V00_________________
Email address: ___________________________________________
Course to be proposed as a Complementary Studies elective: ____________________________
Student’s Signature: ______________________
Clarification of requested course (ie. already taken, future registration, via Letter of Permission, etc.):
____________________________________________________________________________________
__________________________________________________________________________________________________________

Part 2: To be completed by advisor

Student Advisor Comments: _________________________________________________________
_____________________________________________________________________________________
Advisor Signature: ________________________________
Updated in Student Records (CAPP): ______ (initials) Date: ______________________