REQUEST FOR APPROVAL OF A NEW 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: __________________________