Undergrad Course Approval Form

CFS courses: 460, 471, 481, 490, 497

Term/year: ________________________________________________________________

Course Requested: __________________________________________________________

Name: _________________________________________________________________

Credit Hours: ______________________________________________________________

ID Number: _______________________________________________________________

E-mail address: ___________________________________ Phone number: _____________

Cumulative GPA: __________ Degree sought: _________________________________

Major and concentration (if applicable): ______________________________________

Faculty academic advisor: __________________________________________________

Faculty supervisor for requested course: _____________________________________

Please attach a page including the following information:

* Rationale for individually supervised course
* Objectives to be accomplished
* Work to be completed
* Method of evaluation
* Plan for contact with faculty supervisor

Signatures:

__________________________________ ____________________________
Student Date

__________________________________ ____________________________
Faculty supervisor Date

__________________________________ ____________________________
Department head Date

Return this form to the Child and Family Studies office, 115 Jessie Harris Building.