

*Department of Child and Family Studies
College of Education, Health, and Human Sciences
The University of Tennessee
Knoxville, TN 37996-1912*

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.