

**Grad Course Approval Form**

**CFS courses: 502, 581, 620**

Term/year \_\_\_\_\_

Course Requested (Name & Number): \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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.*