Student Name ______________________________

Use this form to request approval for deficiencies as well as to document your CP electives, statistics requirement and computer competency. When the required authorizations have been obtained, return the form to the Admissions Coordinator, in the main office for entry into your Departmental record. This form is relevant only at the Departmental and program level.

Students should have completed at least one full-time semester before requesting approval for any of these actions. Attach transcripts, syllabus, and other appropriate information to aid in decision making process.

Actions:

DEFICIENCIES (List Deficiencies when student entered program):

Counseling coursework:                                      Completed (Advisor signs):
   ______________________________  ________________________
   ______________________________  ________________________
   ______________________________  ________________________

APPROVAL FOR 6 CREDIT DEPARTMENTAL ELECTIVE REQUIREMENT.*

I wish to have the following courses count toward the 6-credit Departmental elective requirement:

# ______ title__________________________________________ cr.

*May include up to 3 credits of 270-990 for working on faculty member's research.

Approval granted by

(Advisor)    (Date)

APPROVAL FOR 9 CREDIT STATISTICS REQUIREMENT:

# ______ title__________________________________________ cr.

# ______ title__________________________________________ cr.

# ______ title__________________________________________ cr.

# ______ title__________________________________________ cr.

Approval granted by

(Advisor)    (Date)