

## CHBE COURSE APPROVAL REQUEST FORM

*Request for course degree credit for course(s) not on the department approved course list. Submit to the Department Coordinator **PRIOR** to enrolling in the course(s) requested for review and approval by the Graduate Studies Committee.*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

<u>Course #</u>	<u>Course Title</u>	<u>Course Credit Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach Online Course Description and List Below Reason it Applies To Your Research:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Graduate Study Committee Approval

\_\_\_\_\_  
Date Notified Student & Advisor