

Department of EALC
Graduate Student Advisor Course Approval Form

Student: _____ Advisor: _____

Semester/Year: _____

course rubric	course title	units/ hours	advisor's initials	comments

I hereby approve the above courses for registration by the above-named student.

Signature of Advisor: _____ Date: _____

I hereby certify that I have already registered or will soon register for the courses listed above, and agree that if I make any changes in the plan as listed above, that it will be with the full knowledge and consent of my graduate advisor.

Signature of Students; _____ Date: _____