Semester:	Course:	Sec:
		 _



	Department of (Communication	
	Request for Confere	ence Course Credit	
Name:		MyMav ID:	
Major:	Email:		@mavs.uta.edu
	_	ck Academic Progress report (m your Student Center in MyN	
Please write a detailed sta	tement of activities/studies ar	nd how the activities/studies w	ill be evaluated
Student signature:		Date:	_
Supervising Professor's sig	gnature:	Date:	
Chair signature:		Date:	_
NOTE: It is the student's responsibility to follow-up on paperwork and to register for course prior to census day.			

OFFICE USE ONLY:	
Date Received:	Decision: Approved / Denied
Student Notified on:	Enrolled as of: