

CONFERENCE COURSES

SPECIAL APPROVAL FORM FOR STUDENTS REGISTERING FOR CONFERENCE COURSES

STUDENT NAME: _____ ID# _____

UTA E-MAIL: _____

SEMESTER: _____

SUPERVISING FACULTY: _____

DESCRIPTION OF COURSE _____

Student Signature

Date

Chair Signature

Date

Director of Graduate Studies Signature

Date

***This form MUST be signed by the supervising faculty member and presented to the Director of Graduate Studies before you will be permitted to register for this course.**