

UTA - ELPS Department

Instructions: Complete entire form then email to Ronni.Ashley@uta.edu for Faculty approvals.

Elective Approval Form

Student Name: _____ **ID:** _____

Semester: _____ **Year:** _____

Course Number¹ and Title: _____

Include Institution and Department, if not UT Arlington:

Course Description:

Rationale for taking course:

*****Student must get approvals PRIOR to enrollment in the course*****

Supervising Professor/Dissertation Chair Name:

Department Chair Name:

Department Name:
(Signature of Doctoral Coordinator or Graduate Advisor)

¹ Course must be three credit hours and doctoral level.