

PETITION FOR APPROVAL OF GRADUATE ELECTIVE COURSE
Department of Speech & Hearing Sciences

Name _____

Email Address _____

Date _____

Department and number of course selected* _____

Course title _____

Instructor _____

Semester and year when you plan to take the course _____

Rationale _____

*The elective course must be 3 credit hours of a 500-level course and must be taken for a grade.

Required signature:

Advisor

Approved: Yes _____ No _____

Date