

CATALOG: _____

STUDENT NAME: _____

STUDENT ID: _____

ADVISOR APPROVED ELECTIVES (2008 and prior)

Area: _____

Individualized Course of Study requires 28 units to be completed in a selected program area with approval from academic advisor.

[illegible]

TOTAL: _____/28

Student Signature: _____

Date: _____

Advisor Approval: _____

Date: _____

Dept. Head Approval: _____

Date: _____

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