Advisor Approval Form  
B.S. in Child Development  

Name: ___________________________  Today's Date: ____________________

ID Number: ______________________  Local Telephone: ____________________

Local Address: ____________________________

City, State, ZIP: ____________________________

Email Address: ____________________________

Term Degree Expected: ____________________  Catalog Year: ____________________

(i.e. Spring '14, Fall '15)  (i.e. '11-'13)

Does this replace a previous form? ____________________

__Note: Student must have 60 units of 300-400 level courses.__

Advisor Approved Electives  
(List course prefix, number, title, where taken if not at Cal Poly, and units.)

<table>
<thead>
<tr>
<th>Units</th>
</tr>
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<tbody>
<tr>
<td>Advisor Elective Total</td>
</tr>
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Signatures:

Faculty Advisor ___________________________  Date ___________________________

Student ___________________________  Date ___________________________

Dept. Chair ___________________________  Date ___________________________

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