VCU Globe Upper-Level Elective Approval Form

STUDENT INFORMATION

Date Submitted: ____________________

Student Name: ____________________

Student V-Number: ________________  Major: ____________________

Classification: ____________________  Number of Credit Hours Completed: ______

COURSE INFORMATION

Course (i.e. FREN 300): ________________  Department: ________________

Instructor: ____________________  Semester: ____________________

Instructor E-Mail: ____________________  Instructor Phone: ________________

Brief Course Description: ____________________

_________________________________________________________________

_________________________________________________________________

STUDENT AGREEMENT

I, ____________________ (print name), understand that it is my responsibility to satisfactorily complete all requirements for the course stated above. In the event I am unable to complete this course or am forced to withdraw from it, I will notify the VCU Globe office. I also realize that inadequate completion of this course will result in my having to reapply for an approved upper-level elective in a subsequent term.

Student Signature: ____________________  Date: ____________________

Signature of VCU Globe Director: ____________________

Date Approved: ____________________