



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: _____