

Elective Registration Planning Form (Due to the University Registrar by April 15 of the preceding academic year)

section mu rd.	st be completed by	the student and submitted to the Instructor of
		Student ID:
		Class Year:
ve Course Title:		
	Quarter:	Year:
ructor of Record:		
		e and verify that I meet the course prerequisites,
ignature:		Date:
ciate Dean	Director (only if ye	the instructor of record and submitted to the ou approve).
ignature:		Date:
		review and submit the approved form to the han April 15 of the preceding academic year.
section mu	st be completed by	the University Registrar
istered for c	ourse.	
ignature:		Date:
	re Course Title: ructor of Record: ng to take th PA requirem ignature: section mu ciate Dean e request to ignature: Associate D ersity Regions section mu stered for contacts	re Course Title: Quarter: ructor of Record: ng to take the above name course PA requirement, if applicable. ignature: section must be completed by ciate Dean/Director (only if y) e request to add the course. ignature: Associate Dean/Director will nersity Registrar by no later the section must be completed by stered for course.