

DEPARTMENT OF ART AND ART HISTORY

APPROVAL FOR REGISTRATION

STUDENT NAME: _____ SPRING ___ OR FALL ___

PEOPLESOFT ID #: _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

PLAN (*major*): _____ SUB-PLAN (*concentration*): _____

ADVISOR'S NAME: _____

.....

LIST COURSES BELOW WITH DEPARTMENT, COURSE #, AND NAME

1. _____

2. _____

3. _____

4. _____

5. _____

6. (*only if approved*) _____

ALTERNATIVES:

COURSES THAT REQUIRE PRIOR CONSENT BY INSTRUCTOR OR DEPT. HEAD:

COURSE & SECTION: _____ SIGNATURE ✕ _____

COURSE & SECTION: _____ SIGNATURE ✕ _____

STUDENTS SIGNATURE ✕ _____ DATE: _____

ADVISOR'S SIGNATURE ✕ _____ DATE: _____

****Please return to Art & Art History Office**
860 486-3930**

-----FOR OFFICE USE ONLY-----

DATE BAR LIFTED: _____ INITIALS: _____