



College of Business Elective Approval Form

Name: _____ CWU ID: _____

Address: _____

Email: _____ Phone: _____

This section is to be completed by the student and a College of Business faculty advisor.

Major: _____

Specialization: _____

Major Catalog Year
(to be filled in by Dean's Office)

Course Prefix/No.	Description	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have met with my College of Business Advisor and agree that the above course(s) are now, upon acceptance, a part of the graduation requirements for my major.

Student Signature Date

Accepted
 Not Accepted

Faculty Signature Date

Accepted
 Not Accepted

Department Chair Date

_____ Associate Dean Signature	_____ Date	<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted
_____ Processed By	_____ Date	