REQUEST FOR APPROVAL TO TAKE _____ 485
Problem Course

Student's Full Name (please print) ________________________________

Student's I.D. Number (U.I.N.): ________________________________

I request that I be allowed to register for ________ semester credit hours of _________ 485 during the
_________________________Semester of ____________, to be used as follows:

☐ Required in degree program
☐ As an elective
☐ Substitution of credit for

Description of the Problem Course:

Assignments/Tasks/Responsibilities:

Grade Assignment will be based on:

Course Completion Date:________________________________________

______________________________________________________________

Signature of Student

I agree to supervise the course as described above. ____________________________

Signature of the Professor

________________________________________

Professor ID

Approval Recommended:
Student's Academic Advisor: ____________________________ Date:__________

Student's Academic Department Head: ____________________________ Date:__________

Approved:
Department Head Responsible for Course: ____________________________ Date:__________

For Office Use
Section Number Assigned: __________
Completed: ____________________________________________________________________________

Date:________________________

cc: Admissions and Records, Instructor, Student

Student UIN can be found at https://myrecord.tamu.edu