



Date: _____

Registration Approval

Student Name: _____ Academic Advisor: _____

Program: MSE MSIT-SE MSIT-ESE

Semester: Fall Spring Summer Year: _____

Course Number	Course Name	Type(circle one)	Units	Rejected
		Core / Elective Project / Required		
		Core / Elective Project / Required		
		Core / Elective Project / Required		
		Core / Elective Project / Required		
		Core / Elective Project / Required		
		Core / Elective Project / Required		
		Core / Elective Project / Required		
		Core / Elective Project / Required		

I have discussed and reviewed registration for the above-named student, and have approved only those courses that will count toward degree completion requirements.

Student has been notified that any course that is NOT LISTED on this form will NOT BE COUNTED toward graduation requirements.

Student Signature

Date

Advisor Signature

Date