

## Technical Electives Approval Form

To be submitted at least 2 semesters prior to planned graduation for approval.

Area of Emphasis: \_\_\_\_\_

Course Number	Course Title	Credits	Semester Taken

Total Credits: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Entered: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed form to Department of Industrial & Systems Engineering, Room ME 130