



APPROVAL FORM FOR SPECIAL TOPICS CREDIT

Name:

Student ID Number:

Email:

Course number (including department prefix):

Course title:

Number of credits for course:

Quarter and Year course taken:

Student Signature:

Date:

Certificate Advisor Signature:

Date:

Please the include the course syllabus or a detailed description from the course signed by the instructor.

♦ Complete this form and give it to Catherine Richardson in Padelford B110, or email - car945@uw.edu, mail - Box 354345.