



## COURSE ADD REQUEST – WISE/DOCTORING TEACHING ELECTIVE

This section *must* be completed by student prior to signatures:

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Class of: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### CLNS 950WD

**Course Dates:** \_\_\_\_\_ to \_\_\_\_\_

**\*Must check one option\***

This student will be completing WISE D

\_\_\_\_\_ in one single semester (4 credits)

OR

\_\_\_\_\_ over two consecutive semesters (2 credits first semester/2 credits second semester)

**Notes:**

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

Faculty Evaluator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Evaluator Signature: \_\_\_\_\_

*For OMSA use only:* CRN: \_\_\_\_\_ DB: \_\_\_\_\_ INB: \_\_\_\_\_