CSEM Conference Course Form

CSEM conference courses must be taken with faculty who are on the CSEM Graduate Studies Committee

NAME _____ **EID**_____ **E-mail** _____

SEMESTER FALL _____ SPRING _____ SUMMER _____
year year year

Home Department _____

Faculty Advisor _____

Intended Conference Courses:

	Course #	Unique #	CSEM Faculty member who will work with you
1.			
2.			
3.			
4.			

REQUIRED SIGNATURE:

Instructor Name (printed) _____

Instructor Signature _____ Date _____

FOR ADMINISTRATIVE USE

ADDED TO RESTRICTED COURSE ____ DATE _____ AUTH SIG _____