

Advisor Approved Electives

(This form should be submitted to the GrC Dept. Office at least 4 quarters prior to graduation)

Name _____ **Date** _____

Address _____ **Concentration** _____

_____ **Curriculum Year** _____

Phone Number _____ **Advisor** _____

Empl ID _____ **Graduation Quarter/Year** _____

Units Required

Curriculum Year	DRT	EPI	WDM	Packaging	PM/PIM/GCM
2001-2003	4 units	4 units	-	-	8 units
2003-2005	6 units	4 units	-	-	8 units
2005-2007	6 units	4 units	-	8 units	8 units
2007-2009	8 units	3 units	-	4 units	9 units
2009-2011	6 units	-	14 units	4 units	9 units

I need _____ units of advisor approved electives for my concentration.

To fulfill my requirement, I have taken and/or plan to take:

Course Number	Course Name	Quarter/Year Taken	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total Units _____

 Student's Signature

 Advisor's Signature