



# COURSE APPROVAL

Full Name: \_\_\_\_\_  
Last Name First Name / Given Name Middle Name (if any)

<b>DESIRED COURSE</b>	<b>EQUIVALENT WSU DEPARTMENT</b>
_____	_____
<b>COURSE NUMBER</b>	<b>DATE: dd / mm / yyyy</b>
_____	_____
	<b>APPROVAL SIGNATURE REQUIRED</b> Signature of Academic Advisor
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Academic Advisor's Name: \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Academic Advisor's Signature Date: dd / mm / yyyy