

Name _____
(Please Print)

Campus ID _____

Expected Graduation Date _____

Major _____

E-mail _____

(Please Print Clearly)

Course Authorization Form History Department

Please use this form for courses requiring instructor's approval in the History Department. Have your instructor(s) sign below and then return this form to the History Department office in room 3211 Humanities. Please write legibly and fill in the blanks below. You will receive an e-mail with your authorization call number. This authorization call number will allow you to enroll in the course. Submitting this form does not constitute being registered for this course. You must still register via the on-line registration system (MY UW). If you have any questions, please call the History Department office at 263-1800.

| | Course # (199, 680, etc.) | Section # (301, 302, etc.) | Indicate Semester | Independent study for internship credit? | Instructor's Name and Signature |
|----|---------------------------------|----------------------------------|----------------------|---|---------------------------------|
| 01 | | | | | |
| 02 | | | | | |
| 03 | | | | | |
| 04 | | | | | |

Student Signature _____

Campus Phone _____

Faculty Signature (required)

TA Signature (if applicable)

For office use only: Date entered into the computer _____