



### Preregistration Approval Form

Name: \_\_\_\_\_

UIN: \_\_\_\_\_ Semester: \_\_\_\_\_

Degree:  Master of Science  Master of Engineering  Doctor of Philosophy

Expected Graduation Date: \_\_\_\_\_

Course Prefix (ex. PETE)	Course Number	Course Name	Hour(s)	If Distance Learning Section check box
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Total Hours: \_\_\_\_\_

Advisor Name (printed): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Graduate Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_