Major Enhanced Philosophy Class

Approval Form

Name of Student: ________________________________

Anticipated Graduation Date: ____________________

Department, Number and Section of Course: ________

Name of Class: _________________________________

Instructor: ______________________________________

Briefly indicate the enhanced requirements for this class. Note the connection of the requirements of the class to department goals G, J, and K.

Student Signature: ______________________________ Date: ______________

Instructor Signature: _____________________________ Date: ______________

Department Chair Signature: _____________________ Date: ______________