



GRADUATE LIBERAL STUDIES PROGRAM

UNDERGRADUATE APPROVAL FORM

Keep copies of everything you submit in case something gets lost in the mail.
For more information, see www.wesleyan.edu/glsp

PERSONAL INFORMATION

Wesleyan ID#: _____

Name: _____

Address: _____

City, State, Zip: _____

REQUEST TO REGISTER FOR A GLSP COURSE

Course number: _____

Course title: _____

Student signature: _____ Date: _____

I am a Wesleyan University junior or senior requesting approval to register for the above GLSP course for credit toward my undergraduate degree. I have read, understand, and agree to abide by the GLSP withdrawal deadline, financial terms, and policies which are different from those of my undergraduate program. Further information is available within the GLSP Student Handbook at http://www.wesleyan.edu/glsp/current/formslibrary/Student_Handbook_0910.pdf

APPROVAL SIGNATURES (Student is responsible for obtaining)

GLSP course instructor: _____
print name signature date

Student's major advisor: _____
print name signature date

Student's class dean: _____
print name signature date

GLSP program director: _____
print name signature date

GLSP OFFICE USE ONLY
Date processed: _____
Processed by: _____