

Computer Science

Departmental Registration Approval Form

This form is used for Computer Science classes that need departmental/instructor approval.

Completed and approved form must be submitted to the Computer Science Department Office for processing. All classes will be checked for prerequisites and any other restrictions as decided by the department/instructor. Enrollment and classroom capacity will be verified prior to registration.

Term: _____ Year: _____ UTSA ID: _____
Student's Name: _____ Middle: _____ Last: _____
Telephone Number: _____ Email Address: _____
Course Title: _____ Instructor: _____
CRN: _____ Subject: CS Course Number: _____ Section: _____
Prerequisite required for the Course: _____
How was the prerequisite met: _____ Current GPA: _____

Student Signature: _____ Date: _____

Approval Signatures:

Instructor Signature: _____ Date: _____

UGAR Signature: _____ Date: _____