ELECTIVE REVISION FORM

DATE:_____

NAME:_____ UFID# _____

I plan to make the following changes to the ELECTIVES of my major:

ADD _____ DELETE _____
_____ _____
_____ _____
_____ _____

ELECTIVES of your major. List all courses that will be included in your electives (Minimum of 18 hours, 3000 level and above). It is important that this information be accurate for purposes of checking graduation requirements.

Dept	Number	Title	Hours	Grade*	Yr/Sem*

If already taken, give year, semester, and grade. If not yet taken, indicate the year and semester you intend to take the course. The intended dates for these proposed courses are **not** binding.

_____ _____
Signature Date