

TECHNOLOGY AND ENGINEERING STUDIES

**Proposal for Technical Elective Course Approval
For classes not included on the approved list.**

Student Name

E-mail address

Phone #

BYU Student #

Current Date

Provide a statement of your professional goals. Please attach a separate sheet.

Information about the proposed course.

Course number _____ Course Title _____

Number of Credits _____ Institution _____

If you have already taken this course, when was it? Semester _____ Year _____ Grade _____

When do you plan to take this course? Semester _____ Year _____

Provide a detailed description of the course:

How will this course help you reach your professional goals?

TES Faculty Approval (signature)

Date