

Request to Enroll in a Non-LBJ Course at UT

Student Name: _____

EID: _____ E-Mail: _____

Title of Course: _____

Department: _____

Course & Unique: _____ Semester/Yr: _____

Will Count as: General Elective:

*(check beside
your selection)*

Specialization Elective:

Specialization Name: _____

Other (specify): _____

Brief Course Description: *(attach syllabus)*

Required Signatures *(Coordinator signature needed if specialization chosen)*

Specialization Coordinator: _____ Date: _____

Graduate Adviser: _____ Date: _____

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