

REQUEST FOR SPECIALIZATION  
COURSE APPROVAL

\_\_\_\_\_  
(Date)

MEMO TO: Director(s) of ISSTBE

I, \_\_\_\_\_, \_\_\_\_\_,  
(Student Name) (ID #)

request that the course listed below be approved as a specialization course toward completion of my coursework in the ISSTBE program.

\_\_\_\_\_  
(Course Number) (Course Name)

\_\_\_\_\_  
(Semester & Year planning to enroll)

Please provide a justification for this request below.

\_\_\_\_\_  
(Signature of BE faculty advisor)

\_\_\_\_\_  
(Date)

The course listed above has been reviewed and approved.

\_\_\_\_\_  
(Signature of ISSTBE Director)

\_\_\_\_\_  
(Date)

General Instructions:

The student **must complete above form** and **submit with course syllabus** to ISSTBE Directors via email. Once signed by the ISSTBE Director, a copy will be sent to the student for their files.