

REQUEST FOR SPECIALIZATION
COURSE APPROVAL

(Date)

MEMO TO: Dr. Gina Bertocci & Dr. Tricia Soucy
Co-Directors 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 co-director)

(Date)

General Instructions:

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