

UTSA Art and Art History Department

Instructor/Departmental Approval Form

****Requests are handled in the order that they are received and it may take up to 72 hours to process. It is the student's responsibility to obtain the instructor's signature.****

Name: _____ abc123: _____

Email: _____ Phone# _____

Request for registration in the following course:

Semester (check one) Fall Spring Summer Year _____

Summer

ART AHC

Course Title _____

Course # _____

Section _____

CRN _____

Student Signature _____ Date _____

Instructor _____ Signature _____ Date _____

For office staff use.

Date received: _____

Time: _____

Initials: _____

Notes:

Date of registration: _____ **Initials:** _____