Course Registration Approval Form

UC San Diego Linguistics Graduate Program

Student Name:_____

Quarter/Year:_____

Course 1:_____

Course 2: _____

Course 3:_____

Course 4:_____

_____   _____

Student's Signature   Date

I have read and approve this course enrollment for the student, quarter, and year listed.

_____   _____

Advisor's Signature   Date