

# Computer Science

## Departmental Registration Approval Form

This form is used for Computer Science classes that need departmental/instructor approval.

Completed and approved form must be submitted to the Computer Science Department Office for processing. All classes will be checked for prerequisites and any other restrictions as decided by the department/instructor. Enrollment and classroom capacity will be verified prior to registration.

Term: \_\_\_\_\_ Year: \_\_\_\_\_ UTSA ID: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Instructor: \_\_\_\_\_  
CRN: \_\_\_\_\_ Subject: CS Course Number: \_\_\_\_\_ Section: \_\_\_\_\_  
Prerequisite required for the Course: \_\_\_\_\_  
How was the prerequisite met: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval Signatures:

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UGAR Signature: \_\_\_\_\_ Date: \_\_\_\_\_