

# Academic Advisor Approval Form



WASHINGTON UNIVERSITY *of* VIRGINIA

Student ID

Program

Contact Number

Last Name

First Name

Semester Year: \_\_\_\_\_ ☐ Fall ☐ Spring

The below courses have been approved for inclusion in the student's degree plan

Course Code	Course Name	Alternate Course or remark
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Each course has been evaluated and will be accepted as partial fulfillment of the education requirement toward degree in

\_\_\_\_\_

(Program)

Approved by: \_\_\_\_\_  
(Name of Academic Advisor)

\_\_\_\_\_  
(Signature)

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

Advisor Remark: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to the following:

- I have met with my Academic Advisor, discussed course work and remaining requirement for my degree.
- I understand that taking courses other than listed above could risk further academic action.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed form to the registrar office of WUV via email: [registrar@wuv.edu](mailto:registrar@wuv.edu)

Received by:

Date: