ADVISOR APPROVAL FORM

Student Information

Student Name: ______________________________  Student ID: A________________________

Degree: ____________________  Major: ____________________

Semester: [] Fall  [] Spring  [] Summer  Year: __________

GI Bill® Chapter: 31 ___ 33 ___ 35 ___ 30 ___ 1606___  Active Duty:  Yes  No

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

<table>
<thead>
<tr>
<th>Course Name</th>
<th>CRN</th>
<th>Start Date</th>
<th>End Date</th>
<th>Credit Hours</th>
<th>Elective*</th>
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</tbody>
</table>

Per the degree audit, the student has _____ hours remaining of open/free electives. This current enrollment satisfies _____ of open/free elective hours.

Comments:
(Prerequisites, Suggested Courses, Equivalent Substitute, Graduation, etc.)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Approved By: ______________________________
Texas State University Academic Advisor

Signature: ________________________________  Date: __________

------------------------------------------------------Veterans Affairs Office Use Only------------------------------------------------------

Approved By:  ______________________________________  Date: __________
Texas State University VA Certifying Official