

Instructor Approval Form

This form must be filled out with Adobe Acrobat and printed for signatures. Any questions may be directed to the Academic Services Office or aso@qatar.tamu.edu

Last Name: _____ First Name: _____ Middle: _____
 Major: _____ Classification: _____ Term: _____ Year: _____ UIN: _____

I am requesting instructor approval for the following class:

Course Name	Course #	Section #	CRN	Hours
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I do not meet all pre-requisites for the course as listed in the Texas A&M University at Qatar University Catalog

Student:	Date:
Instructor:	Date:
Program Chair:	Date:
Academic Services	Date:

This form is **not** a waiver of any pre-requisite requirements, but allows for enrollment in a course where “approval by instructor” is an option.