

**Advisor Approval Form
B.S. in Child Development
2005-2007 & 2007-2009**

Name: _____

Today's Date: _____

ID Number: _____

Local Telephone: _____

Local Address: _____

City, State, ZIP: _____

Email Address: _____

Term Degree Expected: _____

Catalog Year: _____

(i.e. Spring '08, Fall '08)

(i.e. '05-'07)

Does this replace a previous form? _____

Note: Student must have 60 units of 300-400 level courses.

Advisor Approved Electives

Units

(List course prefix, number, title, where taken if not at Cal Poly, and units.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Advisor Elective Total

16.0

Signatures:

Faculty Advisor _____

Date _____

Student _____

Date _____

Dept. Chair _____

Date _____