

SCHOOL OF INFORMATION
The University of Texas at Austin

WISE COURSE APPLICATION

STUDENT NAME: _____ EID: _____

EMAIL: _____

GPA: _____ TOTAL GRADUATE HOURS COMPLETED: _____

SEMESTER:	SEMESTER:
COURSE TITLE:	COURSE TITLE:
COURSE NUMBER:	COURSE NUMBER:

STUDENT AGREEMENT:

I have read and agree to the course parameters of the host institution, including the required course management tools, grading and any required residencies. I understand that I am expected to meet deadlines as outlined in the course syllabus and to contribute to class participation.

Signature EID Date

REQUIRED SCHOOL SIGNATURES:

Individual Student's Advisor Date

Assistant Dean Date

Graduate Coordinator Date

