



## PhD in Information Technology – Course Approval Form

This form must be submitted and approved by the Doctoral Program Committee before the start of the semester requesting enrollment.

### Student Information

Name:	NU ID:
Concentration (if applicable):	Faculty Advisor:
Check One:	Course #:
<input type="checkbox"/> <b>Research Methods Requirement</b> Course should be focused on designing or conducting a study in the content area.	Course Name:
<input type="checkbox"/> <b>Statistics Requirement</b>	Semester: <span style="float: right;">Year:</span>
<input type="checkbox"/> <b>Concentration Requirement</b>	Drop:
<input type="checkbox"/> <b>Course Substitution on Approved POS</b>	Add:

### Rationale

Please describe how this course relates to your research area.

\_\_\_\_\_  
 Student Signature/Date

\_\_\_\_\_  
 Faculty Advisor Signature/Date

\_\_\_\_\_  
 Doctoral Program Chair Signature/Date

\_\_\_\_\_  
 Approved

\_\_\_\_\_  
 Disapproved