# Elective Course Request Form: For Courses Outside PHYSICS

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| **SECTION 1: For Student to Complete** |
| Student’s Name |  |
| ID Number |  |
| Email Address |  |
| Advisor’s Name |  |
| New Course Name & Number |  |
| Reason for Course Request |  |
| Why Is this Course Relevant to your Academic and/or Career Plans? |  |
| When Will the Course Be Taken |  |
| **SECTION 2: For Faculty Advisor to Complete** |
| Have You Discussed this Change with Your Advisee?  |
| Does this Course Request Remain in Line with the Original Goals/Learning Objectives of the MSPQC Program?  |
| Advisor Signature:  |
| **Email completed forms to the MSPQC Graduate Program Manager, Elizabeth Hart-Baldridge,** **elizabeth.baldridge@wisc.edu** |