

**NORTHEASTERN UNIVERSITY  
GRADUATE SCHOOL OF COMPUTER SCIENCE  
REQUEST FOR ELECTIVE AUTHORIZATION**

STUDENT NAME: \_\_\_\_\_ I.D. Number \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby request to take the following elective to be applied towards my M.S. Degree in Computer Science:**

College/University: \_\_\_\_\_

Course Number : \_\_\_\_\_ Title of Course: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Semester Taking: \_\_\_\_\_ Dept. \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructor's Email: \_\_\_\_\_

Is course a graduate course? (Yes or No) \_\_\_\_\_

**NOTE: Please attach a copy of the course description (taken directly from the official college catalog) and syllabus (if available), including textbook(s) used.**

**AUTHORIZATION:**

CCIS Course Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_