



ECHS Accelerated Scholarship Course Approval Form

We recommend you list more courses for approval than you may take in the event you need to change courses.

Please Print Clearly in Black or Blue Ink.

Major/Concentration: _____

Student Name	Student ID #	Semester <input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Spring	Anticipated Graduation Date <input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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Institution Course # (ie; ENGL 3353)	Course Title	# of Credit Hours	Degree Plan Information (check all that apply)	Scholarship Eligible (circle Y/N)
			Pre-requisite <input type="checkbox"/> Major/Minor Requirement <input type="checkbox"/> Elective <input type="checkbox"/> Not degree required <input type="checkbox"/>	Y N
			Pre-requisite <input type="checkbox"/> Major/Minor Requirement <input type="checkbox"/> Elective <input type="checkbox"/> Not degree required <input type="checkbox"/>	Y N
			Pre-requisite <input type="checkbox"/> Major/Minor Requirement <input type="checkbox"/> Elective <input type="checkbox"/> Not degree required <input type="checkbox"/>	Y N
			Pre-requisite <input type="checkbox"/> Major/Minor Requirement <input type="checkbox"/> Elective <input type="checkbox"/> Not degree required <input type="checkbox"/>	Y N
			Pre-requisite <input type="checkbox"/> Major/Minor Requirement <input type="checkbox"/> Elective <input type="checkbox"/> Not degree required <input type="checkbox"/>	Y N

Submit form to:
Early College High School
Academic Success Center

Located in:
Mike Loya Academic Services
Building Room 107

May Deliver:
In Person
via Email
earlycollegesuccess@utep.edu
via Fax
915-747-5012



FOR OFFICE USE ONLY:

- All courses listed meet scholarship eligibility requirements
- Only _____ credits meet scholarship eligibility requirements

Notes: _____

ECHS ASC Program Advisor - Signature

Kristine Velasquez

ECHS ASC Program Advisor - Print

earlycollegesuccess@utep.edu

ECHS ASC Email

Date