**Peace Studies Program**

**Electives Requirement**

**Student Approval Form**

Student name: [ ]

Student ID: [ ]

Course meeting Peace Studies elective requirements: [ ]

Course instructor: [ ]

Term of course offering: [ ]

The signature below confirms that this course has been deemed acceptable towards the elective requirements of the Peace Studies Program.

Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_