

**Security Studies Program
Edmund A. Walsh School of Foreign Service
Georgetown University**

Course Approval Request

Student Name: _____ GU ID: _____

Concentration: _____ Date: _____

Advisor: _____

Course Number: _____ School: _____

Course Title: _____

Instructor: _____

To be approved for what category? _____

What would this course contribute to your studies in the Security Studies Program?

Advisor Comments and Recommendation

Advisor's signature and date: _____

Approved? Yes No

Director of Studies (sign and date): _____