

**UNIVERSITY OF CONNECTICUT
SCHOOL OF FINE ARTS
DEPARTMENT OF ART AND ART HISTORY
OUT-OF-SEQUENCE APPROVAL FORM**

Student Name: _____

Student ID: _____

Requirement Term/Catalog Year: _____

Program/Plan/Subplan: _____

Course/ Units Needed	Courses Taken Out of Sequence

The undersigned approves of this student receiving full credit for the above classes, taken out of sequence, toward their academic program.

APPROVED:

(Signature of Department Head or Associate Department Head)

Printed Name

Date: _____

cc: Amanda Wilde, Director of Advising