**School of Operations Research & Information Engineering**

**Advisor Approved Elective Form**

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**Name Expected Degree Date**

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**Email Address CU ID Number Advisor’s Name**

**Course to be applied towards the Approved Elective Requirement (6 credits total):**

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**Course # Course Title Term Taken**

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**Advisor’s Signature Date**

(Please submit form to ORIE Undergraduate Office in 203 Rhodes.)

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**School of Operations Research & Information Engineering**

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