

**Proseminar Approval Form**  
UWF Department of Mathematics & Statistics

Student Name: \_\_\_\_\_

Student ID# (optional): \_\_\_\_\_ 970-\_\_\_\_\_

Student Email: \_\_\_\_\_@students.uwf.edu

Semester (choose one):

☐ Fall      ☐ Spring      ☐ Summer (Term 1)      ☐ Summer (Term 4)

Campus: ☐

Online: ☐

Course Number (choose one)

MAT 4500: ☐

MAT 6930: ☐

STA 6930: ☐

Faculty Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

**For Official Use Only**

CRN: \_\_\_\_\_

Override given: ☐

Student emailed: ☐