

Global Disease Biology (GDB) Restricted Elective Approval Form

Student name: First: _____ Last: _____

Student ID #: _____ Quarter: ___ Fall ___ Winter ___ Spring Year (YYYY): _____

I am a: ___ Freshman ___ Sophomore ___ Junior ___ Senior

I have read this quarter's version of the Guide to GDB Restricted Electives (Check Box) ___

List below your proposed GDB restricted electives, including course code (e.g. ANT 129), full course title (e.g. Health and Medicine in a Global Context), the quarter/year you plan to take it or already took it, and the course units. Make sure that the total amount of units adds up to 25 or more and that your choices meet the criteria explained in this quarter's version of the Guide to GDB Restricted Electives.

Course code	Course Title	Quarter, Year	Units
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

On a separate page, explain for each of these courses how they complement your short- and long-term goals for this major.