

**B.ARCH. REQUIRED DIRECTED ELECTIVE**

College of Architecture, Art, and Planning  
Cornell University

**STUDENT INFORMATION**

Student Name:

Cornell 7-digit ID:

Expected Graduation Date (Semester/Year):

NetID:

**REQUIRED DIRECTED ELECTIVE INFORMATION**

Anticipated Semester of Enrollment (Semester/Year):

Studio Level at Time of Enrollment:

Course (Subject and Number):

Course Title:

Course Instructor:

**COURSE WORK RELATED TO THESIS**

List additional electives/studios that you are/have selected that will or have informed your thesis interests:

Course (Subject and Number):  Semester/Year:

Course Title:

Course (Subject and Number):  Semester/Year:

Course Title:

Course (Subject and Number):  Semester/Year:

Course Title:

Course (Subject and Number):  Semester/Year:

Course Title:

**ADVISOR APPROVAL**

Advisor Name (Print):

NetID:

Advisor Approval:

Date:

**REGISTRAR USE ONLY**

Date Received:

Recorded on Matrix

Recorded in FileMaker

Submit this form to the AAP Office of Admissions and Academic Services, 235 Sibley Dome.