

This form is to be used for taking regularly offered courses out of sequence or on an individual basis.

Today's date _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Banner Student ID	Last name	First	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City/Town	State	Zip

Course Requested:

Course # _____ Course Title: _____

To be taken during:

Term: _____ Year: _____ with Professor: _____

REASON FOR REQUEST: (Why must course be taken out of sequence or on an individual basis?) _____

PROGRAM OF STUDY: (Will regular syllabus be used? other?) _____

COMMENTS: _____

Student Signature: _____

Approval must be completed before course work begins.

Approved: Yes No _____ Date: ____/____/____
Professor

Approved: Yes No _____ Date: ____/____/____
Program Coordinator/Chair

Approved: Yes No _____ Date: ____/____/____
Associate Registrar