



Individual Enrollment Application Form

Last Name _____ First Name _____

Student ID _____ Cell Phone # _____

Degree EdD EdS CAGS MA MAT MBA MEd MS BA BS BFA Certificate

Major _____ Concentration/Option _____

Major _____ Concentration/Option _____

Discipline Code – _____ Course # _____ Credits _____

Course Title _____ Course Instructor _____

Term in which individual enrollment will be taken: Fall Winter Spring Summer Year _____

Please attach additional sheets to this form if more space is required in any category.

Reason for Request – Why must this course be taken out of sequence or on an individual basis?

Program of Study – Will regular syllabus be used? Other?

Comments

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Department Chair/Coordinator/Designee _____

Signature/date

Please return this form to the registrar's office in Spere via the methods noted below.

Processed by: _____ Date _____	9/2020
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