



### Individual Enrollment Application Form

Please return this form to the registrar's office in Speare via email (PSU-Registrar@Plymouth.edu), fax (603-535-2724), or in person.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_

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

Major \_\_\_\_\_ Concentration/Option \_\_\_\_\_

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Discipline Code – \_\_\_\_\_ Course # \_\_\_\_\_ Is this a repeat? Yes No

Credits \_\_\_\_\_ Course Title \_\_\_\_\_ Course Instructor \_\_\_\_\_

Term in which individual enrollment will be taken: Fall Winterim Spring Summer Year \_\_\_\_\_

Individual Enrollments run in the IND part-of-term. If this course should be in another (e.g., first-half), list here \_\_\_\_\_

**\*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 \_\_\_\_\_

*I have checked to make sure the student meets the pre-requisite and if not, authorize an override for this registration.*

Department Chair/Coordinator/Designee \_\_\_\_\_  
Signature/date

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

Processed by: _____ Date _____	6/2022
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