



Individual Enrollment Application Form

Please submit the completed and signed form to PSU-Registrar@Plymouth.edu

First Name _____ Last Name _____ Student ID _____

Please Check Degree/Certificate and List Majors/Concentrations/Options:

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

Major(s) _____

Concentration(s)/Option(s) _____

Discipline Code – _____ Course # _____ Is this a repeat? ___ Yes ___ No

Credits _____ Course Title _____ Course Instructor _____

Term/year in which individual enrollment will be taken: ___ Fall ___ Winterim ___ Spring ___ Summer Year _____

Which [part-of-term from the calendar](#) will this individual enrollment be scheduled (e.g., first-half), _____

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 _____

- This student meets prerequisites for this course. If not, the instructor has authorized an override for this registration.
- Please use this form to set up a course for ONE student. If more than one student needs this course, contact the Office of Academic Affairs for approval to run a low-enrolled course.

Department Chair/Coordinator/Designee _____
Signature/Date/Print Last Name

Processed by: _____ Date _____

8/2025