

REGISTRATION COURSE REQUEST

DATE _____

REGISTRATION APPOINTMENT DATE: _____

FALL REGISTRATION 20 _____

REGISTRATION APPOINTMENT TIME: _____

SPRING REGISTRATION 20 _____

SUMMER REGISTRATION 20 _____

STUDENT ID:

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NAME _____
LAST
FIRST
MIDDLE

E-MAIL _____ PHONE _____

CONTROLLED CLASS REGISTRATION PERMISSION

INTERNSHIP/
RESIDENCY

Class #	Subject	Course No.	Section	Internship/Residency Coordinator's Signature
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UNDERGRADUATE IN
GRADUATE COURSE

Class #	Subject	Course No.	Section	Associate Dean's Signature
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Class #	Subject	Course No.	Section	Associate Dean's Signature
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CONTROLLED COURSES

Class #	Subject	Course No.	Section	Division Chair/Associate Dean's Signature
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OVERRIDE CREDIT HOUR
LIMIT

Class #	Subject	Course No.	Section	Associate Dean's Signature
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Class #	Subject	Course No.	Section	Associate Dean's Signature
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INSTRUCTIONS TO THE STUDENT:

- You may use this form for more than one course request.
 - If the course you have requested is approved, you will be **registered** for the course. Check your E-Services Registration account to verify.
 - You must pay for the course(s) during the appropriate time
 - The course prerequisites and/or co-requisites must be fulfilled and your academic preparation must be adequate for the course.
- (If in doubt, consult the **University Catalog** and **Class Schedule** and/or your advisor.)

Comments:

OFFICE USE ONLY

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EARLY OPEN LATE INITIAL DATE