UNIVERSITY of WISCONSIN Superior
Registrar's Office

(715) 394-8228 (office)
(715) 394-8040 (fax)
www.uwsuper.edu/registrar
Old Main 139, P.O. Box 2000 • Superior, WI 54880

Check Term:
- ❑ Fall Semester
- ❑ J-Term
- ❑ Spring Semester
- ❑ Summer College

Year: 20___

Course Request Form

_____ _____
Last Name First Name M.I. Student ID (SID)

This form will be retained by the Registrar's Office upon completion of walk-on registration. For online registration, keep as a record of your schedule. List alternate course under the desired course for high demand courses.

Example

Class No.	Dept. Name	Cat. No.	Sec. No.	Course Title	Class Loc.	Days	Credits	Time	Instructor
1200	COMM	110	009	Intro to Speech Comm.	HFA 2113	M-W-F	3.0	4:00-4:50 PM	Stewart Platner

Course Selections

Class No.	Dept. Name	Cat. No.	Sec. No.	Course Title	Class Loc.	Days	Credits	Time	Instructor

Alternate Course Selections

Class No.	Dept. Name	Cat. No.	Sec. No.	Course Title	Class Loc.	Days	Credits	Time	Instructor

Repeats: Place an "R" in the right-hand margin next to the course being repeated. Complete a repeat slip (available in the Registrar's Office) for each course and submit upon registering.

Total Credits _____
Maximum Credits_____

Ψ_____ Ψ_____
Student's Signature Date Advisor's Signature Date

For Office Use Only.
#03-6000-07 (Rev. 08/2010)