UNIVERSITY of WISCONSIN Superior

Course Request Form

Check Term:
- ❒ Fall Semester
- ❒ Spring Semester
- ❒ Summer College

Year: 20_____

_____ _____
Last Name First Name M.I. Student ID Number (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.	Cat. No.	Course Title	Section	Bldg.	Room	Days	Credits	Time	Instructor
1200	110	COMM -Intro to Speech Comm	009	FA	2113	MWF	3.0	4:00-4:50 PM	Stewart Platner

Course Selections

Class No.	Cat. No.	Course Title	Section	Bldg.	Room	Days	Credits	Time	Instructor

Alternate Course Selections

Class No.	Cat. No.	Course Title	Section	Bldg.	Room	Days	Credits	Time	Instructor

Monday (M), Tuesday(T), Wednesday(W), Thursday(Th), Friday(F), Saturday(S), Sunday(Su)

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

Total Credits _____

Maximum Credits _____

For Office Use Only
#03-6000-07 (Rev 3/07)

x_____ _____ x_____ _____
Student's Signature Date Advisor Signature Date