

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 Communication	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 _____

For Office Use Only.

x _____
 Student's Signature Date

x _____
 Advisor's Signature Date