

**ONLINE/EVENING PROGRAMS
COURSE REGISTRATION REQUEST FORM
For Traditional Students**

Fall Spring Summer Session

STUDENT INFORMATION		
Last Name	First Name	MI
Student ID #	Major () -	Advisor
Current Email Address	Current Telephone #	Box #

PLACE A CHECKMARK BESIDE YOUR STATUS:

Freshman (0-31 hrs) Sophomore (32-63) Junior (64-95) Senior (96+)

PLEASE CHECK THE STATEMENT THAT BEST DESCRIBES YOUR NEED:

1. Course conflict—both courses needed for graduation
2. Course not offered this semester—course needed for graduation
3. Internship/Student teaching this semester, unable to attend class session
4. Work conflict
5. Other _____

COURSE REQUEST INFORMATION		
Course Code	Course Title	Credit Hrs.
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<p>I UNDERSTAND THAT I MUST ABIDE BY THE POLICIES OUTLINED IN THE ACADEMIC CATALOG PERTAINING TO THE ONLINE/EVENING PROGRAMS, PARTICULARLY AS THEY AFFECT ATTENDANCE, AND FINANCIAL AND ACADEMIC OBLIGATION. I UNDERSTAND THAT IF MY REQUEST IS APPROVED, I WILL BE REGISTERED FOR THE COURSE AND WILL BECOME BOTH FINANCIALLY AND ACADEMICALLY RESPONSIBLE FOR THE COURSE.</p>		
		/ /
Student Signature		Date

