



Name _____ Campus Box _____ Date _____

I.D. # _____ Class: FR [] SO [] JR [] SR [] GR [] SP []

Semester: [] Fall [] Spring [] Summer Year _____ Credit Hours _____

Major: _____

Course No. _____ Course Title _____

Course Start Date _____ Course End Date _____

Instructor's Name (Please print!) _____ Signature _____

Student's Signature _____

(Signing this form constitutes consent for registration.)

COMPLETE THE FOLLOWING WITH YOUR INSTRUCTOR:

Description of proposed learning situation:

Reason for the proposed study:

Means of evaluation:

Instructor's supporting statement:

OBTAIN THE FOLLOWING SIGNATURES (in the order listed):

School Dean _____ Date _____

Registrar _____ Date _____

For Office Use:

Call Number _____ Fee Code _____ Entered by _____ Process Date _____