COURSE REQUEST

▶ **STUDENT INFORMATION**

Name _____ Student ID _____ Term _____/_____
Semester/ Year

☐ YES ☐ NO I anticipate graduating upon successful completion of the courses below (Application for Graduation required w/Course Request)

☐ YES ☐ NO My address, email, telephone number, or other information has changed (Information Update required w/Course Request)

▶ **COURSE REQUEST**

prefix/course #	section	course title	credits	Su	M	T	W	Th	F	S	meeting time	instructor

Date _____ Student signature _____ Adviser signature _____