



Application to Take

Last Name _____

First Name _____

Student ID _____

Email _____

Phone 1 _____

Catalog Year _____

Program: _____

Course Information

Course Number _____ Course Title _____ Credits _____

Instructor Name (print) _____ Requested Term _____

Instructor's methods for the course (instruction & evaluation) _____

Rationale for request _____

By signing this form, I have agreed to the terms for the proposed Application to Take as prescribed by the instructor. By signing this agreement, student and instructor agree to all terms stated above.

Student's Signature _____ Date: _____

Approvals (signature denotes approval)

Instructor: _____ Date: _____

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Registrar: _____ Date: _____

CRN: _____ Date Registered: _____