



Received. by \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION TO TAKE

LEGAL NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_  
(e.g. Medical Assisting, Computer Science)

- \_\_\_\_\_ ASSOCIATE OF ARTS
- \_\_\_\_\_ ASSOCIATE OF SCIENCE
- \_\_\_\_\_ CERTIFICATE

CATALOG YEAR BEING FOLLOWED (e.g. 2003-2004): \_\_\_\_\_

Course Number:	Course Title: _____	Credit Hours To Be Earned
_____	_____	_____

1. Instructor's methods for the course (instruction & evaluation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Rationale for getting the application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>RECOMMENDATION OF DEPARTMENT CHAIRPERSON AND DEAN (Signature denotes APPROVAL)</b>			
_____	_____	_____	_____
Department Chairperson's Signature	Date	Dean's Signature	Date

<b>ACTION TAKEN:</b>	Approved _____, registration to be for _____ MM/DD/YY Semester/Year	
	Disapproved _____ Comments: _____ MM/DD/YY	
REGISTRAR'S SIGNATURE: _____		

1.Registrar                      2.Student File                      3.Instructor                      4. Student