



COURSE REQUEST FORM

JSU P.A.W.S. (Personal Access to Web Services)

□□□□□□ / □□□-□□-□□□□
Term Student Identification (J Number)

Last Name, First Name M.I.

TERM: 2010 Spring Semester and 2010 Summer Sessions

1. PRINT all information except signatures.
2. Fill in all requested information; course reference number (required), course I.D., days and time, building and room.
3. If you make a mistake, cross out line with error and use the next line.
4. See Published Schedule for further instructions.

EXAMPLE:

□ □ □ □ □ BEAS 200 01 (3.0) MWF 0900 - 0950 AM COB 100

Course Reference Number (CRN)

□ □ □ □ □	_____ ()	_____	_____	_____
□ □ □ □ □	_____ ()	_____	_____	_____
□ □ □ □ □	_____ ()	_____	_____	_____
□ □ □ □ □	_____ ()	_____	_____	_____
□ □ □ □ □	_____ ()	_____	_____	_____
□ □ □ □ □	_____ ()	_____	_____	_____

TOTAL HOURS: _____

ALTERNATE REQUESTS

□ □ □ □ □	_____ ()	_____	_____	_____
□ □ □ □ □	_____ ()	_____	_____	_____

I understand that by participating in any registration process, including Early Registration, I am incurring a financial obligation as detailed in the University Bulletin. I understand that these are the courses my advisor and I have agreed upon.

_____ Advisor's Signature	_____ Student's Signature	_____ Date
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STUDENT: KEEP COURSE REQUEST FORM UNTIL YOU RECEIVE YOUR CONFIRMATION.



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Course Reference Number (CRN)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____

TOTAL HOURS: _____

ALTERNATE REQUESTS

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ ()	_____	_____	_____
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