

Student Request (SR)

Last Name Student J#				First Name			
				Cell Phone #			
Student Type							
Undergraduate	Graduate		Other	Catalog Year			
Current Major(s)				Concentration			
Current Minor(s)				Certificate(s)			
Are you requesting to enroll in a graduate course?				Yes (limit of 6 credits) No			
Progress (IP) courses cannot be			VHAT is being	requested: (For course sub	ostitutions, list course(s) to s	substitute. In-	
	*			multiple student reque med to your departmen		ons of multiple	
Course Number	Course Title			# Credits	Instructor		
Term when course wa		Fall	Fall Inter.	Spring	Spring Inter.	Summer	
Course Number	Course Title			# Credits	Instructor		
Term when course way	as or will be taken:	Fall	Fall Inter.	Spring	Spring Inter.	Summer	
RATIONALE- Provi	de supporting statem	ent expl	aining WHY re	equest is necessary: (At	tach additional sheets a	as needed.)	
Student Signature Please work with your academic advisor and/or department to complete this form. U			to this forms. Here year	Date	tunio vikuisiona		
Attention – For author					eronic sudmissions.		
Academic Advisor Signature		Print Name			Date		
Department Chair Signature			Print Name		Date		
Processed by:]	Date			5/10/2023	