



Office of the Registrar
Request to Take Online Course
Undergraduate Day Students
Academic Junior and Senior Only

CWID: _____
Last Name First Name MI

Major: _____ Academic Classification: _____

Anticipated Graduation Date: _____ Email: _____

Online Course Request:

Term/Year:	Subject	Course Number	Section	CRN
_____	_____	_____	_____	_____

Reason for Request:

Registration for this course is on space-available basis.
Please contact the Registrar's Office if you have questions about space availability in a specific course.

Student Signature Date

Advisor Signature Date

Department Head (of Student's Major) Signature Date

Associate Provost Signature Date

Office Use Only:

Recorded to Banner: _____
Initials Date