

**COLLEGE OF ARTS & SCIENCE  
SUMMER SESSION COURSE REQUEST FORM**

Name \_\_\_\_\_ ID# \_\_\_\_\_

School Arts and Science email address \_\_\_\_\_

Local Address or Dorm Room \_\_\_\_\_

Phone Number (cell phones fine) \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**FIRST & FULL SESSION COURSES:** May not exceed 7 hours without Dean's permission.

DEPT.	COURSE NO.	SECT. NO.	TIME & DAYS	HOURS	REPEAT?*

**SECOND SESSION COURSES:** May not exceed 7 hours without Dean's permission.

DEPT.	COURSE NO.	SECT. NO.	TIME & DAYS	HOURS	REPEAT?*

**\*If the course was previously passed, you are allowed repeat credit only within one year.**

**TOTAL HOURS:** \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_  
*if necessary*

Date \_\_\_\_\_