

SUMMER COURSE REQUEST FORM

Full Name _____ ID# _____

School Arts and Science

Local Address or Dorm Room (for summer) _____

Phone Number (cell phones fine) _____

Emergency Contact Phone Number _____

You may enroll in only one course for the May session.

Please enter in all information for the course in which you wish to enroll. Please also enter an alternate course in case of over-enrollment.

You may check the status of your enrollment by logging on OASIS on Friday, May 1.

PRIMARY MAY SESSION COURSE: Subject to change in the event of over-enrollment or cancellation.

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

ALTERNATE MAY SESSION COURSE

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

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

Student's Signature _____

Date _____

Dean's Signature _____
if necessary

Date _____