APPROVAL TO ENROLL IN A COURSE OFFERED THROUGH ANOTHER UofS CAMPUS

ACAD-HISTORY-T

Please process one course request per form. Print clearly and use ink (no pencil).

Royal ID	Name
Major/Program and Degree	College CAS KSO

Course Subject and Number	Course CRN	Course Credits	Course Campus	Course Term and Part of Term Fall Inters. Spring Summer Part of Term: ______________________ Year: ______________________________

Number of Previously Attempted Courses on an alternate UofS campus: None One Two

(Note: A maximum of 6 credits may be attempted on an alternate campus XQOHVV HQUROOHG LQ DQ HOLJLEOH DFFHOHUDWHG SURJUDP

Subject(s), Number(s) and Credits of Previously Attempted Course(s) : ______________________________

Term V Previous Course(s) Were Attempted: B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

Reason for Course Registration on Alternate UofS Campus:

Student Signature	Date

For Completion by Program Director

Approval Signatures	6LJQ +HUH LI 5HFRPPHQG	1RW 5HFRPPHQGHG	'DWH
Chairperson/Program Director			
Student's Dean 'HDQ PXVW YHULI\			

ORAS Use Only

Review Student Record	Term and Crn	Initials and Date

Office Notes

Return the completed form to the Office of t