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 unless enrolled in an eligible accelerated program.)

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

Term(s) 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	Signature Recommend	Not Recommended	Date
Chairperson/Program Director			
Student's Dean Dean must verify			

ORAS Use Only

Review Student Record	Term and Crn	Initials and Date

Office Notes

Return the completed form to the Office of t