



### Course Request Form

Student ID	Student Name			Term
				<input type="checkbox"/> Fall 20__
Major	AURAK Email			<input type="checkbox"/> Spring 20__
				<input type="checkbox"/> Summer 20__
Course Code	Section	Day/Time	Credits	Course Method (lecture/lab)

Student' s Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Advisor' s Signature : \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO THE REGISTRAR'S OFFICE AFTER COMPLETION

Received by : \_\_\_\_\_ Date: \_\_\_\_\_

Department of Registrar