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 X Q O H V V H Q U R O O H G L Q D Q H O L J L E O H D F F H O H U D W H G S U R J U D P

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	6 L J Q D W X U H 5 H F R P P H Q G	1 R W 5 H F R P P H Q G H G	' D W H
Chairperson/Program Director			
Student's Dean ' H D Q P X V W Y H U L I \			

ORAS Use Only

Review Student Record	Term and Crn	Initials and Date

Office Notes

Return the completed form to the Office of t