

# 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    Previous Course(s) Attempted:    B

Reason for Course Registration on Alternate UofS Campus:

Student Signature	Date
-------------------	------

For Completion by Program Director

Approval Signatures	6 L J C H U L H H F R P P H Q G	1 R 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