APPROVAL TO ENROLL IN A COURSE OFFERED THROUGH ANOTHER UofS CAMPUS

ACAD-HISTORY-T

Royal ID		Name			
Major/Program and Degree		College ☐ CAS ☐ KSOM ☐ PCPS			Cell Phone #
Expected Date of Graduation	&HFNKHUHLI $SOLFDEOH ☐ $FFHOHUDWHG6WXGHQW ☐ ,QWHUQDWLRQDO6WXGHQW	Advisor/Program Director			Student's $GPLWWHG Campus ☐ 1 2 Q FDPSXV ☐ (;BBBBBBBBBB ☐ ' / 7 2 Q O L Q ☐
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 QHVVHQROOHGLQDQHOLLEOHDFFHOHUDWHG,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 B B

Reason for Course Registration on Alternate UofS Campus:

Student Signature	Date

For Completion by Program Director

&RQILUP QXPEHU RI SUHYLRXV FUHGLWV DQG FRXUVH V VWXGHQW KDV WDNHQ

&RXUVH 7HUP &UGV &RXUVH 7HUP &UGV

&RXUVH 7HUP &UGV

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