



COURSE SELECTION FORM FOR NON-MATRICULATED STUDENTS

- This form is used to obtain approval from the Program Chair and/or the Vice Dean to register for classes as a Non-Matriculated student.
- This form must be completed in its entirety. Both, the student and the designated faculty member **must** sign this form.
- Upon obtaining approval to register for courses as a Non-Matriculated student, this form **must** be submitted to the Office of the Registrar.

PLEASE PRINT CLEARLY

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR, III, ETC.)

If you have worked or have educational records under a different name, please give former name(s)

Mailing Address

(NUMBER AND STREET) (APT. #)

(CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

Please indicate the semester/year in which you intend to take these courses:

Summer _____ Fall _____ Spring _____

COURSE #	CRN #	COURSE TITLE	# OF CREDITS

FOR OFFICE USE ONLY

Program Chair/Vice Dean Signature: _____ Date: _____

Course Selection Approved Course Selection Rejected

Comments: _____