

College of Arts and Sciences
Course Request Form/Advising and Course Scheduling

Semester: _____ Year: _____ Student Name: _____ W#: _____

CRN	Dept	Course #	A-F or S/U	Credits	USP	Major	Minor	Elective	Days/Time	Bldg	Room

Recommended Alternate Courses and/or Categories:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____