

COURSE REQUEST FORM

NAME _____ Last _____ First _____ MI _____ Student ID Number _____

INSTRUCTIONS Print Clearly

SEMESTER Fall Summer Spring YEAR _____

1. Check the appropriate transaction box.
2. Select alternates for courses you are adding.
3. Course information may be found in the Schedule of Classes

<input type="checkbox"/> Add for credit <input type="checkbox"/> Add for audit <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
	Alternative Selection:	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.
<input type="checkbox"/> Add for credit <input type="checkbox"/> Add for audit <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
	Alternative Selection:	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.
<input type="checkbox"/> Add for credit <input type="checkbox"/> Add for audit <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.	<input type="text"/>
	Alternative Selection:	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.
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	Alternative Selection:	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.
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	Alternative Selection:	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.
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	Alternative Selection:	Course Ref. No.	<input type="text"/>	Subj.	<input type="text"/>	Course	<input type="text"/>	Sec.	<input type="text"/>	Cred.

All students: I understand I will not receive credit for these courses if my academic eligibility is not established.

Graduate students: I am prepared to document that I meet the requirements and prerequisites from the listed graduate-level course(s) as outlined in the current graduate bulletin and understand that I may be removed from the course(s) if I am not qualified.

Special undergraduates: Special non-degree seeking undergraduates are limited to 11 credit-hours per semester.

I affirm that I have read and abide by the University Honor System Policy, University Code of Ethics, University Academic Regulations and Student Financial Responsibility Statement contained in the VCU Bulletins.

Further I affirm that I will abide by VCU policies pertaining to responsible conduct of research, including the protection of human and animal research subjects, and that I have completed or will complete relevant training required by VCU and appropriate sponsoring agencies. For more information visit www.research.vcu.edu.

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

Virginia Commonwealth University
 Office of Records & Registration
 Division of Strategic Enrollment Management
 P.O. Box 842520 • Richmond, VA 23284-2520
www.vcu.edu/enroll/rar

Records and Registration use only
 Date _____ Initials _____

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Make it real.