



Name: _____ RUID# _____

School: _____ Class: _____ Major _____ LOCSEC: _____ Residency: _____ Year/Term: _____

Enter The Corresponding Course Information Below

Course Title	School Number	Subject Number	Course Number	Section Number	Credit Hours	Index Number	Special Permission Number	Credit Prefix

Approval Signature: _____

_____ Total Credits

Date: _____

Please Complete:

Address: _____

Telephone: _____

Email: _____