



Office of the Registrar  
**Request to Take Online Course**  
*Undergraduate Day Students*

CWID: \_\_\_\_\_  
Last Name First Name MI

Major: \_\_\_\_\_ Academic Classification: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Online Course Request:

Term/Year:	Subject	Course Number	Section
_____	_____	_____	_____

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Provost Signature

\_\_\_\_\_  
Date

\*The department head signature should come from the department in which the online course is being offered.

Office Use Only:

Recorded to Banner: \_\_\_\_\_  
Initials

\_\_\_\_\_  
Date