

Request of non-SCPS student to take SCPS course

Student Name _____

SSN/PIDN _____

Day Telephone _____

Email _____

Address _____

Course Information:

1. _____
Dept and Number Section Class Number

2. _____
Dept and Number Section Class Number

Term:

Student home college:

Fall I

CAS

Fall II

SBA

Spring I

NURS

Spring II

EDUC

Summer

Other _____

Current GPA _____

Current hours completed _____

Number of non-SCPS hours carried concurrent with SCPS class(es) _____

OFFICE USE ONLY

Date _____ Time _____ Initials _____

Approved: _____ Not Approved: _____ Date: _____

Remarks:

REGISTRATION COMPLETED _____ STUDENT NOTIFIED _____