SHIPPENSBURG UNIVERSITY
REQUEST TO TAKE COURSES AT WILSON COLLEGE

Student's Name: _____ S.U.I.D: _____

Major: _____

Local Address: _____
                   Street   City   State & Zip

Local Phone: _____ _____
                                                     E-mail address

Reason for Request: _____

Wilson Course #   Title   Class Meets At:

_____   _____   _____

_____   _____   _____

Ship Course #   Credits   Title

_____   _____   _____

_____   _____   _____

To be Scheduled for: Year _____

____ Fall   ____ Spring   Summer: ___Term 3 ___ Term 4

Student Signature: _____ Date: _____

Please return form to Registar's Office for Ship course to be added. Registrar's Office will forward to Dean's Office for approval.

Approval granted by:
Dean, College of Study: _____ Date: _____

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Registrar's Use Only

Scheduling/Registrar Office: _____ Date: _____