



Request for Enrollment: Accelerated Online Course

PART I: To be completed by the student				
Student Name:			ID Number:	
Program:		Admit Term:	GPA:	Date of Request:
Course Information				
Course	Section	Course Title	Class #	Dates
Reason for Request:				
PART 2: Signatures				
<p><i>I understand by signing this form that my financial aid awards may be affected as a result of changing my course schedule. Financial Aid awards are based on the continuous enrollment of the established academic schedule. An adjustment may be made to my student account. I also understand that a minimum GPA of 2.75 Cumulative is required to be registered in this class.</i></p>				
_____				Date _____
Student Signature				
_____				Date _____
Advisor Signature				
_____				Date _____
Division Chair Signature				
PART 3: To be completed by the Registrar's Office				
_____				Date _____
Registrar's Signature				

For Office Use Only:

Copy to Financial Aid

Copy to Student Accounts

Copy to Student File

Changes made in PeopleSoft By: _____

Effective Date: _____