

# COURSE REQUEST FORM

NAME \_\_\_\_\_ Last First MI Student ID Number 

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**INSTRUCTIONS Print Clearly**

1. Check the appropriate transaction box.
2. Select alternates for courses you are adding.
3. Course information may be found in the Schedule of Classes

SEMESTER Fall Summer Spring YEAR \_\_\_\_\_

<input type="checkbox"/> Add for credit <input type="checkbox"/> Add for audit <input type="checkbox"/> Drop <input type="checkbox"/> Withdraw	Course Ref. No.	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						Subj.	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					Course	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				Sec.	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				Cred.	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>	
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**All students:** I understand I will not receive credit for these courses if my academic eligibility is not established.

**Graduate students:** I am prepared to document that I meet the requirements and prerequisites from the listed graduate-level course(s) as outlined in the current graduate bulletin and understand that I may be removed from the course(s) if I am not qualified.

**Special undergraduates:** Special non-degree seeking undergraduates are limited to 11 credit-hours per semester.

I affirm that I have read and agree to abide by the University Honor System Policy, University Code of Ethics, and University Academic Regulations contained in the VCU Bulletins.

Further I affirm that I will abide by VCU polices pertaining to responsible conduct of research, including the protection of human and animal research subjects, and that I have completed or will complete relevant training required by VCU and appropriate sponsoring agencies. [www.research.vcu.edu](http://www.research.vcu.edu).

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Virginia Commonwealth University  
 Office of Records & Registration  
 Division of Student Affairs & Enrollment Services  
 P.O. Box 842520 • Richmond, VA 23284-2520  
[www.vcu.edu/enroll/r](http://www.vcu.edu/enroll/r)