

On-Line Course Work Only

Registration Approval for On-Campus Admitted Students

NOTE: This Form is not Required For SUMMER Courses

Requesting Permission to register for:

Course Name, Number, Course ID#:

Name: _____

BSU ID #: _____

Term: __ Fall __ Spring

Street Address: _____

Will you be enrolled in on-campus (face-to-face)

classes this term? ___ How many credits? ___

Status: Full Time ___ Part time ___

Number of Credits completed to date: _____

City _____ State _____ Zip Code _____

Email: _____

Phone: _____

STATUS: (check one)

FR. ___ SO. ___ JR. ___ SR. ___ GRAD ___

Your Major: _____

Your Minor: _____

Indicate why you are requesting to take this online course instead of attending an on-campus course: Check all that apply:

<input type="checkbox"/>	Internship/Student Teaching/Study	<input type="checkbox"/>	Course Not Offered On Campus This Term
<input type="checkbox"/>	Health Problems	<input type="checkbox"/>	Employed ___ Number of Hours Per Week
<input type="checkbox"/>	Course Schedule Conflict	<input type="checkbox"/>	Work Schedule Conflict
<input type="checkbox"/>	Planning to Graduate within One Semester	<input type="checkbox"/>	Child Care Responsibilities
<input type="checkbox"/>	Athletic Team Practice Schedule	<input type="checkbox"/>	Personal / Family Crisis
<input type="checkbox"/>	Preference for Online to On-Campus Courses	<input type="checkbox"/>	Distance from Campus: (# of Miles) _____
<input type="checkbox"/>	Other:		

Student's Signature: _____ Date _____

UPON APPROPRIATE APPROVALS BELOW and, AS SEATS ARE AVAILABLE, RECORDS STAFF WILL REGISTER YOU FOR THE COURSE.

 _____ Advisor: _____ Date _____

_____ Instructor: _____ Date _____

_____ Department Chair: _____ Date _____

_____ College Dean: _____ Date _____

 Records Use Only: _____ Reg'd & Emailed Student
 _____ Denied by Faculty
 _____ Course Full; Override Added, Emailed Student