

COURSE BY ARRANGEMENT

Requesting Instructor:						Date:	
Student's Name:						ID#:	
Student's Address:						Phone:	
Line Number (leave blank)	Prefix	Course #	Course Title	Graded A-F	S/U	Credit Hours	Term to be taught
REASON FOR REQUEST:							
Instructor's Signature			Approved by College Dean (Signature)			Date	
<p>This form must be completed by the requesting instructor, and have a completed registration form before being submitted to the appropriate College. The College will review and forward approved requests to the Registrar's Office. The College will contact the Instructor if request is not approved.</p>							
Office use only							
Inload:			Overload:				
On Campus:			Online:			Onsite:	

* Please note – this form replaces all Reading & Conference and Course By Arrangement forms.