APPROVAL TO REGISTER FOR COURSE IN ANOTHER SCHOOL

There may be an instance where you and your advisor determine that a course or courses in another school should be part of your approved program. This form needs to be completed and approved before registering for the course(s).

If you are seeking approval to take a course that is not part of your approved program, any financial aid you are receiving will not be applied to this course.

Please note that if there is an enrollment limit on the course in which you are requesting to enroll, students in the school in which the course is taught will have priority. Acquiring approval on this form does not constitute acceptance into a joint degree program.

Tuition will be levied according to the level at which the course is built (undergraduate/graduate) and may result in additional charges for the student.

Student’s Name: ___________________________________________ Date: _______________________

Genisys Student ID #: _______________________________________

Semester: ___________ Year: ___________

Course you desire to take: Course: ___________________________________________ CRN#: ___________

School: ___________________________________________ Instructor: __________________________________

Is the course part of your Approved Degree Program?  ☐ Yes  ☐ No

REASON FOR REQUEST:

Please FAX this form to 757-352-4685 or email attachment to undergrad-advisor@regent.edu.

SCHOOL USE ONLY: Approval is ☐ RECOMMENDED ☐ NOT RECOMMENDED

Student’s Class Level: FR  SO  JR  SR  OTHER

Cumulative Undergraduate GPA: ________  UG Credit Hours Completed: _________

GPA for Other Graduate-Level Coursework Taken: ________

Student’s Class Level: FR  SO  JR  SR  OTHER

Comments:

Advisor (Print Name) ___________________________ Signature ___________ Date ___________

Dean or Designee College of Arts & Sciences (Print Name) ___________________________ Signature ___________ Date ___________

Dean of the School in which Course(s) is Taught (Print Name) ___________________________ Signature ___________ Date ___________

Instructor of Course (Print Name) ___________________________ Signature ___________ Date ___________

REGISTRAR’S OFFICE: SFAREGS: ________ Date: ___________ Registrar Staff: ___________________________