There may be an instance where you and your advisor determine that a course or courses in another Regent University 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: ______________________

Student ID #: ___________________________ Semester: ____________ Year: ____________

Course you desire to take: ______________________________________ 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:

Student's Class Level: □ FR  □ SO  □ JR  □ SR  □ OTHER

Cumulative Undergraduate GPA: ___________ UG Credit Hours Completed: ___________

GPA for Other Graduate-Level Coursework Taken: ___________

Approval is: □ RECOMMENDED  □ NOT RECOMMENDED

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 ___________________________

Submit completed form to the Registrar. Fax: 757-352-4033 or email attachment registrar@regent.edu

REGISTRAR’S OFFICE: SFAREGS: ___________________________ Date: ____________ Registrar Staff: ___________________________

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