

OUT OF CLASSROOM REQUEST FORM

Once approved, this form will serve as registration for the course

Name: _____
(Please Print)

ID# _____ Class Year _____

Phone _____ Box # _____

E-mail _____@wittenberg.edu

OFFICE USE ONLY

DEPT _____

COURSE# _____

SECTION# _____

DATE PROCESSED _____

PROCESSED BY _____

REQUESTED CLASS

<u>Dept.</u>	<u>Course #</u>	<u>Course Title</u>	<u>Credits</u>	<u>Semester/Year</u>

NOTE: A course *must* meet the same requirements as if the student were in the classroom taking the course. The writing components, credits and general education designations, if applicable, cannot be changed. A copy of the course syllabus must be attached to be considered for approval.

This form is used under the following conditions:

1. A course is not being offered during the current semester and an instructor is willing to work with the student on an independent basis to complete the course.
2. A student is not able to meet during the regularly scheduled class time and the instructor is willing to work with the student on an independent basis to complete work for the course.

Student X _____ Date _____
(Signature)

Adviser _____ X _____ Date _____
(Printed Name) *(Signature)*

Instructor _____ X _____ Date _____
(Printed Name) *(Signature)*

Dept. Chair _____ X _____ Date _____
(Printed Name) *(Signature)*

FINAL APPROVAL _____ Date _____

Office of the Registrar- Recitation Hall Room 21

Distribution: White-Registrar Yellow-Student Photo Copy-Instructor