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

REQUESTED CLASS

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester/Year</th>
</tr>
</thead>
</table>

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 - Recreation Hall Room 21

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

Pub. 2/11