

Student Request (SR)

Last Name	First Name	
Student J#	Cell Phone#	
STUDENT TYPE Undergraduate Graduate	Other Catalog Year_	
Current Major(s)	Concentration	
Current Minor(s)	Certificate(s)_	
Are you requesting to enroll in a graduate of REQUEST – Provide a brief statement de In-progress (IP) courses cannot be processed until the end	efining <u>WHAT</u> is being requested: (Fo	No r course substitutions, list course(s)/hours to substitute
If SR pertains to a particular course, provide	de relevant information. (If transfer cre	edit is involved, note institution after course title.
Course Number Course Title/Instit	tution # Cred	dits Instructor
Term when course was or will be taken: Year	Fall Intersess Sprin	g Spring Intersess Summer
Course Number Course Title/Instit	rution # Cree	dits Instructor
Term when course was or will be taken:	Fall Fall Intersess Spring	g Spring Intersess Summer
Year	ment explaining WHY request is neco	essary: (Attach additional sheets as needed.)
Student Signature_	Date	
Please work with your academic advisor and/or	department to complete this form. Use your	SU email account for all electronic submissions.
Attention – For authentication purposes, s	student must obtain signature(s) listed	below.
Academic Advisor Signature	Print Last Name	Date
Faculty Mentor/Instructor Signature	Print Last Name	Date
Chair Signature	Print Last Name	Date
Dean Signature	Print Last Name	Date
Faculty, please return this form to the registra	r's office via the electronic method noted	below.
Processed by:	Date	07/02/2021