

Student Request (SR)

Last Name	First	t Name
Student J#	Cell Phone#	
STUDENT TYPE Undergraduate Graduate	Other O	Catalog Year
Current Major(s)	(Concentration_
Current Minor(s)	(Certificate(s)
Are you requesting to enroll in a graduat	e course? Yes (limit	it of 6 credits) No
REQUEST — Provide a brief statement In-progress (IP) courses cannot be processed until the e	defining <u>WHAT</u> is being and of the term.)	g requested: (For course substitutions, list course(s)/hours to substitut
If SR pertains to a particular course, pro	vide relevant information.	n. (If transfer credit is involved, note institution after course title
Course Number Course Title/Ins	stitution	# Credits Instructor
Term when course was or will be taken: Year	Fall Fall Intersess	ss Spring Spring Intersess Summer
Course Number Course Title/Ins	stitution	# Credits Instructor
Term when course was or will be taken: Year	Fall Fall Intersess	Spring Spring Intersess Summer
	tement explaining <u>WHY</u> r	request is necessary: (Attach additional sheets as needed.)
Student Signature		Date
· · · · · · · · · · · · · · · · · · ·	<u> </u>	is form. Use your JSU email account for all electronic submissions.
Attention – For authentication purposes	, student must obtain sign	nature(s) listed below.
Academic Advisor Signature	Print Last Name	Date
Faculty Mentor/Instructor Signature	Print Last Name	e Date
Chair Signature	Print Last Name	e Date
Dean Signature	Print Last Name	Date
Faculty, please return this form to the regist	rar's office via the electronic	ic method noted below.
Processed by:	Date	07/12/2021

Office of the Registrar and Records | P.O. Box 17125, Jackson, MS 39217 | Phone: (866) THEEJSU, Fax (601) 203-5001 | Email: studentrecords@jsums.edu