



# APPROVAL TO ENROLL IN A COURSE OFFERED THROUGH ANOTHER UofS CAMPUS

ACAD-HISTORY-T

Royal ID		Name		
Major/Program and Degree		College CAS                  KSOM                  PCPS		Cell Phone #
Expected Date of Graduation	KHF <del>NK</del> HUHLI S <del>SOL</del> FDØH F <del>F</del> HO <del>UD</del> W <del>6</del> BH <del>HQ</del> Q <del>UQ</del> W <del>RQ</del> O <del>6</del> W <del>HQ</del>	Advisor/Program Director		Student's \$ G P L Campus 1 2 Q F <del>S</del> X V (BBBBBBBBBB ' / 7 2 Q O L Q H
Course Subject and Number	Course CRN	Course Credits	Course Campus	Course Term and Part of Term Fall      Inters.      Spring      Summer  Part of Term: _____ Year: _____
Number of Previously Attempted Courses on an alternate UofS campus:                  None                  One                  Two <small>(Note: A maximum of 6 credits may be attempted on an alternate campus.)</small>				
Subject(s), Number(s) and Credits of Previously Attempted Course(s) : _____				
Term   V   Previous Course(s) were Attempted: B				
Reason for Course Registration on Alternate UofS Campus:				
Student Signature				Date
<b>For Completion by Program Director</b>				
& R Q I L U P   Q X P E H U   R I   S U H Y L R X V   F U H G L W V   D Q G   F R X U V H   V   V W X G H Q W   K D V   W D N H Q & R X U V H                                  7 H U P                  & U G V                  & R X U V H                                  7 H U P                  & U G V & R X U V H                                  7 H U P                  & U G V				
<b>Approval Signatures</b>	6 L J - C H U L H	H F R P P H Q G	1 R 5 - H F R P P H Q G H G	' D W H
Chairperson/Program Director				
Student's Dean   ' H D Q   P X V W		Y H U L I \		

---