



Individual Enrollment Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Degree EdD CAGS MA MAT MBA MEd MS BA BS BFA Certificate

Major \_\_\_\_\_ Concentration/Option \_\_\_\_\_

Major \_\_\_\_\_ Concentration/Option \_\_\_\_\_

Course ID \_\_\_\_\_ Course # \_\_\_\_\_ Credits \_\_\_\_\_

Course Title \_\_\_\_\_ Course Instructor \_\_\_\_\_

Term in which individual enrollment will be taken: Fall Winter Spring Summer Year \_\_\_\_\_

\*Please attach additional sheets to this form if more space is required in any category.\*

Reason for Request – Why must this course be taken out of sequence or on an individual basis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program of Study – Will regular syllabus be used? Other?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Coordinator/Designee \_\_\_\_\_  
Signature/date

Please return this form to the registrar's office in Speare via the methods noted below.

Processed by: \_\_\_\_\_ Date \_\_\_\_\_ 3/2019