

COURSE REQUEST FORM

Effective Date: _____

Student Number (500#)	Student Name (Last, First, Middle Initial)	School / Program / Plan	Major / Minor	Semester	Calendar Year
Email Address:			Local Phone #:		Fall
					Spring
					Summer A
					Summer B
					Summer C

Approved Courses										Approved Alternates										
Subject	Catalog #	Section	Class #	# of Credits	G/U	Credit Only	Audit	Dean's/Instructor Signature to Authorize an Override	Date	Subject	Catalog #	Section	Class #	# of Credits	G/U	Credit Only	Audit	Dean's/Instructor Signature to Authorize an Override	Date	

FOR REGISTRATION ONLY									
PROCESSED BY: _____									
DATE PROCESSED: _____									
EFFECTIVE DATE: _____									

Comments: _____

Honor Code Declaration Required of All Students:

I hereby recognize that I am subject to and agree to abide by the University of Miami Student Honor Code, which provides standards that encourage ethical academic behavior and imposes penalties for violations of such standards. I understand that I am encouraged to read and understand the Honor Code which is contained in the Student Handbook.

Student Signature: _____

Advisor's Signature _____ **Phone:** _____ **Date:** _____

Dean's Signature _____ **Date:** _____

Note: Dean's signature required for credit overload, backdating, and exceptions within individual schools (use Comment box above for explanations)

Maximum Number of credits: _____

REV:8/24/16