

# REQUEST FOR APPROVAL OF REGISTRATION of

---

**Instructions:** **(1)** Prior to registration the student must submit a title and description of the proposed course on this form. (Please use a brief title since it will appear as such on the permanent transcript after the problem has been approved, completed, and a course grade assigned.) **(2)** Sign and date the form in the spaces provided. **(3)** Submit the form to the appropriate faculty sponsor for signature approval **(4)** Take form to the main Psychology Office in room 316 to be put on the code e-mail list. **(5)** Forms will be processed the week before classes begin. Any forms turned in after the census date cannot be accepted.

**COURSE PSYC** \_\_\_\_\_ **SECTION** \_\_\_\_\_ **HOURS** \_\_\_\_\_ **SEMESTER** \_\_\_\_\_

**TITLE OF COURSE TO APPEAR ON TRANSCRIPT:** (Please limit to 30 characters, including spaces.)

**BRIEF DESCRIPTION OF PROPOSED PROBLEM:**

---

Student's Eaglemail Only

---

Student Name

---

ID #

---

Date

---

Faculty Sponsor (Printed Name)

---

Faculty Signature

---

Date

**Dept Use Only**

Class Number:

Expiration:

Added:

Emailed: