



THE CITADEL

Office of the Registrar
Request to Take Online Course
Undergraduate Day Students
Academic Junior and Senior Only

CWID: _____
Last Name First Name MI

Major: _____ Academic Classification: _____

Anticipated Graduation Date: _____ Email: _____

Online Course Request:

Term/Year:	Subject	Course Number	Section	CRN
_____	_____	_____	_____	_____

Reason for Request:

Registration for this course is on space-available basis.
Please contact the Registrar's Office if you have questions about space availability in a specific course.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department Head (of Student's Major) Signature _____ Date _____

Associate Provost Signature _____ Date _____

Office Use Only:

Recorded to Banner: _____
Initials _____ Date _____