



COURSE REQUEST FORM

Student Number	Student Name (Last, First, Middle Initial)	School/Level/Class	Major/Minor	Semester	Calendar Year
				Fall	
				Spring	
				Summer I	
				Summer II	

E-mail Address _____

Please leave a number where you may be reached if we have any questions regarding your registration: _____

APPROVED COURSES						APPROVED ALTERNATES							
Department	Course Number	Section	# of Credits	GU	Credit Only	Audit	Department	Course Number	Section	# of Credits	GU	Credit Only	Audit

Comments: _____

FOR REGISTRATION USE ONLY

PROCESSED BY: _____

DATE PROCESSED: _____

EFFECTIVE DATE: _____

Honor Code Declaration Required of All Undergraduates

I hereby recognize that I am subject to and agree to abide by the university of Miami Undergraduate 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 _____ 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:

If students have not registered by the first day of class, late fees may apply.