



ENROLLMENT REQUEST FORM

Name: _____ Student ID#: _____

Please register me for the following courses* for Fall, 2011 semester:

	Course #	Course Description	Location (Check One)	
			Edwardsville	Springfield
1.				
2.				
3.				

* These courses should follow your printed Progression Plan unless you have approval from the Assistant Dean for the Graduate Program to alter your progression.

Signature: _____ Date: _____