Department of Teaching, Learning, and Educational Studies

Undergraduate Course Request Form

(1) Year: 20 Fall [Spring Su	mmer-I Summer-II		
(2) Name: (3	9) WIN:	(4) Date of Birth:/ / (m/d/yy		
(5) WMU e-mail address:		(6) Phone: ()		
(7) What is your program? (check all that apply) Barly Childhood Education Elementary Education Secondary Education Special Education Other:				
(8) What is your Catalog Year?	(9) Current Grade Point Average (GPA):			
(10) Major(s):	(11) Minor(s):			
(12) What course would you like to add? Course Number: Course Title: CRN:				
(13) Are you repeating this course?				
(15) Please explain why you are unable to register yourself for this course?				
(16) Please explain why you need this particular course/section time?				
(17) Have you spoken to an advisor about this request? yes no (18) Name of Advisor:				
(19) Are there any other circumstances that you would like us to know about?				
(20) If the Department of Teaching, Learning, and Educational Studies grants your request, do you want us to drop you from a course?				
(21) Attach a copy of your program plan (see page 2 of this form).				
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Comments				

Program Plan

In the matrix below, please list all of the courses that you still need to take in order to complete your program, and indicate when you plan to take each course.

Year	Spring	Summer-I	Summer-II	Fall
20	Courses:	Courses:	Courses:	Courses:
20		Courses:	Courses:	
20	Courses:	Courses:	courses:	Courses:
20	Courses:	Courses:	Courses:	Courses:
20	Courses:	Courses:	Courses:	Courses:
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20	Courses:	Courses:	Courses:	Courses:
20	Courses:	Courses:	Courses:	Courses: