



COURSE REQUEST FORM

YEAR 20____

FALL____

SPRING____

SUMMER____

WINTER____

MAJOR_____

ALT. PIN#_____

CLASSIFICATION

FRESHMAN

SOPHOMORE

JUNIOR

SENIOR

ID#_____ CREDITS EARNED_____ CGPA_____

LAST NAME

FIRST NAME

MIDDLE INITIAL

CAMPUS ADDRESS_____ CAMPUS PHONE#_____

HOME ADDRESS_____ HOME PHONE#_____

E-MAIL_____ CELL PHONE#_____

COURSE SELECTION (PLEASE PRINT)

| CRN | DEPT. NO. | COURSE NO. | SEC | TITLE OF COURSE | CR. | DAYS | TIME |
|-----|--------------|---------------|-----|-----------------|-----|------|------|
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| | | | | TOTAL | | | |

I have checked and updated all of my personal information on the DSU BANNER web. I understand that if I am not able to attend any of the above courses, I must officially drop the course(s). If I am unsuccessful in any course, I am aware that I must see my advisor. I must also check my schedule from BANNER web prior to the start of each term.

STUDENT SIGNATURE

DATE

ADVISOR SIGNATURE

DATE

Attn: Office of Records and Registration registrar@desu.edu (302) 857-6375 (Office) (302) 857-6379 (Facsimile)

Revised: 7/15/2020