



COURSE REQUEST FORM

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

Approved Courses								Approved Alternates									
Department	Course Number	Section	# of Credits	G/U	Credit Only	Audit	Dean's/Instructor's Signature to Authorize an Override	Date	Department	Course Number	Section	# of Credits	G/U	Credit Only	Audit	Dean's/Instructor's Signature to Authorize an Override	Date

FOR REGISTRATION USE ONLY

PROCESSED BY: _____

DATE PROCESSED: _____

EFFECTIVE DATE: _____

Comments: _____

Honor Code Declaration Required of All Students

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