



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

**Request from CAS Student to
 Take SPS Undergraduate Course(s)**

Student Name: (F) _____ (MI) _____ (L) _____

PC ID # or SSN: _____

Term: _____ Year: _____

DEPT	CRS NO	SECTION	SESSION	COURSE TITLE

The above named College of Arts and Sciences student has permission to enroll in the following course(s) offered in the School of Professional Studies.

Advisor Signature: _____ Date: ___/___/_____

Signature of CAS Dean: _____ Date: ___/___/_____

Signature of SPS Dean: _____ Date: ___/___/_____

Student Signature: _____ Date: ___/___/_____

**Please return the completed form, with all signatures, to the Office of the Registrar.
 You do not need to fill out a Schedule Adjustment Form.**

Office Use Only: Date Received: _____ Entered by: _____ Date: _____