



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

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

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

PC ID # or SSN: _____

Term: _____ Year: _____

DEPT	CRS NO	SECTION	SESSION	COURSE TITLE

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

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 Enrollment Services Office.
You do not need to fill out a Schedule Adjustment Form.**

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