College of Arts and Sciences
Course Request Form/Advising and Course Scheduling

_____ semester year

Student Name _____ Local Address _____
Last *First* *Middle*

UW Email Address_____ **W-Number** _____ Advisor & Dept. _____

Major _____ Minor _____ Concurrent Major _____ Dual (2nd) Degree _____ Preprofessional Interest: _____

COURSE REFERENCE NUMBER	DEPT. NAME	COURSE NUMBER	SECT.	LECT. LAB. DISC.	A-F OR S/U GRADE MODE	CREDIT HOURS	FULFILLS: USP, A&S, MAJOR, MINOR OR ELECTIVE?	COURSE MEETING TIMES					BLDG.	RM.
								Mon	Tues	Wed	Thurs	Fri		

Recommended Alternate Courses and/or Categories:

_____ _____ _____ _____

_____ _____ _____ _____

Student Signature _____ Date_____ Advisor Signature _____ Date_____

NOTES:

*** This form must be completed and signed before the student receives the PERC number for registration.** Distribution: White-student; Color-file