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

_____
semester year

Student Name _____ Local Address/Cell Phone _____
Last *First* *Middle*

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

Major _____ Minor _____ Concurrent Major _____ Dual (2nd) Degree _____ Pre-professional Interest _____

COURSE REFERENCE NUMBER	DEPT. NAME	COURSE NUMBER	SECT.	LEC LAB DISC	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: