



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