UNIVERSITY OF MIAMI

COURSE REQUEST FORM

Effective Date: _____

Student Number (500#)	Student Name (Last, First, Middle Initial)	School / Program / Plan	Major / Minor	Semester	Calendar Year
				Fall	
Email Address:		**Local Phone #:**		Spring	
				Summer A	
				Summer B	
				Summer C	

Approved Courses

Subject	Catalog #	Section	Class #	# of Credits	G/U	Credit Only	Audit	Dean's/Instructor Signature to Authorize an Override	Date

Approved Alternates

Subject	Catalog #	Section	Class #	# of Credits	G/U	Credit Only	Audit	Dean's/Instructor Signature to Authorize an Override	Date

FOR REGISTRATION ONLY

PROCESSED BY: _____

DATE PROCESSED: _____

EFFECTIVE DATE: _____

Comments:

Honor Code Declaration Required of All Students:

I hereby recognize that I am subject to and agree to abide by the University of Miami Student Honor Code, which provides standards that encourage ethical academic behavior and imposes penalties for violations of such standards. I understand that I am encouraged to read and understand the Honor Code which is contained in the Student Handbook.

Student Signature: _____

Advisor's Signature _____ **Phone:** _____ **Date:** _____

Dean's Signature _____ **Date:** _____

Note: Dean's signature required for credit overload, backdating, and exceptions within individual schools (use Comment box above for explanations)

REV:8/24/16

Maximum Number of credits: _____