THE COLLEGE OF THE BAHAMAS

COURSE REQUEST FORM

SPRING SEMESTER

Find this on your acceptance letter

STUDENT NUMBER	SURNAME	NAME	MIDDLE INITIAL
SEMESTER	PROGRAMME	NEW PROVIDENCE ADDRESS P.O. BOX:	TELEPHONE: WORK: HOME:

012009

APPROVED COURSES					APPROVED ALTERNATIVES				
SCHOOL	COURSE ABBREV. & NUMBER	SECTION	NO. OF CREDITS	AUDIT	SCHOOL	COURSE ABBREV. & NUMBER	SECTION	NO. OF CREDITS	AUDIT
SES	ENG 119	06	03	--					

Use this section to identify alternate courses in the event that your first selection is not available.

TOTAL CREDITS

STUDENT'S SIGNATURE: _____ Date: _____

ADVISOR'S SIGNATURE: _____ Date: _____

NUMBER OF CREDITS OVERLOAD: _____

ACADEMIC DEAN'S SIGNATURE
CREDIT OVERLOAD: _____