

	For	office	use	only:
Processe	d:			-

Cross Campus Course Permission Form										
STUDENT NAME  LAST / FAMILY / SURNAME(S)	FIDE	ST / GIVEN NAME(S)		NAI	DDLE NAME(S)					
LAST / FAMILT / SUKNAME(S)	FIRS	OI / GIVEN NAME(S)		MI	DULE NAME(9)					
STUDENT ID NUMBER UW-WHITEWATER E-MAIL ADDRESS										
STODENT ID NOWDER					<u> </u>	<del>-                                      </del>				
							@uww.edu			
		<u> </u>	•							
REQUESTED ACTION										
☐ Rock car	mpus student requestin	g permission to enrol	l in Whitewat	er campu	s course for t	term				
☐ Whitewa	ter campus student req	uesting permission to	enroll in Ro	ck campu	s course for t	erm				
	ter campus student req	· · ·		=			erm			
□ William	ter campus stadent req	desting permission te	Cilion III Ov	Vooliege	Courses Offi	1110 000130 101 1				
Reason for request (fit in de	egree plan, available of	fering, etc.):								
		<b>5</b> . ,								
COURSE INFORMATION										
REQUESTED COURSE IN	JEORMATION									
CLASS NO. (4 DIGIT)	SUBJECT (E.G. ECC	ON)	COURSE	NO. (3 DI	GIT)	SECTION	UNITS			
		,		,	,					
STUDENT SIGNATURE						DATE				
STUDENT SIGNATURE						DATE				
						1				
	academic advisor on th h student's academic p ements offerings at the	lan (degree, major, tir	meline, etc.)		already avai	lable at the hor	ne campus.			
□ Approved	Denied									
Approved ADVISOR NAME	Denied	ADVISOR SIGNA	ATLIDE			LDATE				
ADVISOR NAME		ADVISOR SIGNA	ATUKE			DATE				
ROUTE FOR REVIEW Rock County Campus/UW Whitewater Students: T. To Courses offered through C	ornes (tornestm19@uw	w.edu)		vw.edu)		•				
DEPARTMENT OF THE C	OURSE					l = . ==				
APPROVER NAME		APPROVER SIG	NATURE			DATE				
☐ Student r	meets course pre-requi	sites/requirements.								
	•	•	o register							
_	g department gives per	mission for students t	o register.							
	notified of ability to regi	ster.								

Only completed forms will be accepted/processed.