

# Eastern New Mexico University – Roswell



Social Security or Student ID number: \_\_\_\_\_

Standing: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Advisor: \_\_\_\_\_

Street: \_\_\_\_\_

Hold: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Note: If you wish to audit a class, place "NC" in the hours column.

## COURSES REQUEST

List each course below. List each lab immediately below the corresponding lecture course.

| CRN | Dept. | No. | Section | Hours | Course Title | Days | Time | Location | Instructor |
|-----|-------|-----|---------|-------|--------------|------|------|----------|------------|
|     |       |     |         |       |              |      |      |          |            |
|     |       |     |         |       |              |      |      |          |            |
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|     |       |     |         |       |              |      |      |          |            |

Use lines below to list alternate courses if above choices of course or section is closed.

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|--|--|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |  |  |

Total Hours \_\_\_\_\_

Student Signature \_\_\_\_\_

Dean's approval of overload \_\_\_\_\_

Degree Goal \_\_\_\_\_ Major \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

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