ANDERSON UNIVERSITY
Academic and Christian Discovery

CONSENT TO PURSUE COURSE FOR HOURS OTHER THAN LISTED IN CATALOG

NAME_____
(Last) *(First)* *(Middle)*

STUDENT ID # _____

INDICATE WHEN COURSE IS TO BE TAKEN:

20____- 20____ _____ SEMESTER I _____ SEMESTER II
_____ SUMMER _____ INTERNATIONAL

COURSE: _____

SEMESTER HOURS (as listed in catalog) _____

SPECIAL NOTE: Semester hours may not be reduced for any course listed in a Liberal Arts Component or Distributed Course area. Reduced hours in a Component/Area must be registered with number 1600, 2600, 3600, 4600.

SEMESTER HOURS DESIRED _____

Instructor, please list additional work required when student is taking course for additional credit.

_____
Advisor (date)

_____
Instructor (date)

_____
*Registrar (date)

*Signature needed only if hours are being reduced

Revised 12/19/10