



DUAL CAMPUS STUDENT REQUEST FORM

Name: _____

WVU ID: _____ Current Major: _____

Local Address: _____

Phone Number: _____

The above named Potomac State College / West Virginia University Institute of Technology student requests permission to enroll for the following courses at WVU during the:

Fall Spring Summer of 20____ term

WVU College Courses

CRN	Course Title	Course Number	Credit Hours	Online Course (Y/N)

Justification for requesting to take courses through WVU:

Student's Signature _____ Date _____ Advisor's Signature _____ Date _____

Please note: Separate tuition and fees will be assessed for courses on each campus.

Return form to: **Office of the University Registrar – Registration Unit**
PO Box 6878
Morgantown WV 26506-6878
304.293.5355 (office) 304.293.8991 (fax)

<p>For WVU office use only:</p> <p><input type="checkbox"/> Approved by: _____ Date: _____</p> <p><input type="checkbox"/> Registration override completed by: _____ Date: _____</p> <p><input type="checkbox"/> Disapproved by: _____ Date: _____</p>
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