



DUAL CAMPUS STUDENT REQUEST FORM

Name: _____

WVU ID: _____ Current Major: _____

Local Address: _____

Phone Number: _____

The above named WVU-Morgantown / WVU Potomac State College student requests permission to enroll for the following courses at WVU Tech during the:

Fall Spring Summer of 20____ term

Tech Courses

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

Justification for requesting to take courses through Tech:

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

Return form to: Registrar's Office
405 Fayette Pike
Montgomery WV 25136

304.442.3097 (fax)

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

<p>For Tech 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>
