

REGISTRATION FORM FOR RESTRICTED COURSES

1) Student

TUId: 91 **Semester:** Spring Summer Fall **Year:** 20

Student Name: _____, _____
Last Name First Name Middle Name

Declared Major(s): _____ **Declared Minor(s):** _____

Temple Email Address: _____@temple.edu

Student Signature: _____ **Date:** _____
(Signature unnecessary if form is submitted to aac@tuj.temple.edu from Temple student email)

Course Ref # (CRN)	Department/ Course Name	Course #	Section #	Credit Hours	Days	Time	Have you taken this course before?
(e.g.) 42121	Am. St.	1234	801	3	MWF	10:10-11:10	No

If courses requested above are repeatable for credits, all earned grades will count toward GPA regardless of the covered topics

2) Major Coordinator

Only for the capstone courses and other courses that require a major coordinator's signature.

Check "Special Info" section on the course schedule

Comments (if any):

Signature: _____

Date: _____

3) Academic Advisor

Prerequisite?

Comments (if any):

If this course has been previously taken, what is the nature of this request?

- (1) Course Repeat (2) Different Topic

If #2, check the course repeatability on Course Description (Contact the AAC Director if (2) + (b))

- (a) Repeatable for credits (b) Non-Repeatable for credits

Signature: _____

Date: _____