



Office of Enrollment Services
 Nigh University Center
 Room 124, Box 151
 Tel (405) 974-2338
 FAX (405) 974-3841

UNDERGRADUATE Request for Irregular Enrollment

Directions: This form must be filled out completely and signed by the student, the instructor, the department chairperson, and the dean of the college before being submitted to Enrollment Services. **Students are to hand carry the request to Enrollment Services (Nigh University Center – Room 124) after all other approvals have been obtained in order for a CRN to be assigned and the student enrolled.**

To: Enrollment Services

From: Department _____ Date _____

Fall Spring Summer _____ Year Student Phone # _____

Student Name _____ Student ID# _____ *
Last First

Classification: FR SOPH JR SR

| Course Prefix | Course Number | CRN Number | Title (Max. 30 spaces) | Credit Hrs | Time and Days | Bldg. and Room | Instructor Name First and Last |
|---------------|---------------|------------|---------------------------|------------|---------------|----------------|-----------------------------------|
| | | | | | | ARR | |

Beginning Date: _____ Ending Date: _____

The following information must be provided for all undergraduate irregular enrollments.
 (Note: If this form has not been processed by the third week after the semester begins, a letter from the instructor must accompany this form explaining why it is being submitted late.)

1. Describe the work to be completed:

2. Describe the evaluation process for assignment of a grade:

3. Explain why this course needs to be taken by the student as an irregular enrollment:

 Student's Signature Date Instructor's Approval Date

 Department Chairperson's/School Director's Approval Date College Dean's Approval Date