

Supplementary Course Registration Form

I hereby apply to register for the following courses at the undergraduate level:

Name:	Major:
Student ID:	Contact Info (Tel & Email):
Course No. & Title (1) :	
Professor:	(signature)
Course No. & Title (2) :	
Professor:	(signature)
Reasons you need to take supplementary courses:	

Program Chair Approval: _____

Date: _____

*Submit completed form to the GSIS office during add/drop period.

*The courses will be graded as Pass/Nonpass and no credits will be given.