



Additional Online Course/s Request Form

For sophomore - senior traditional students wishing to request registering in more than one online course in a given semester or term.

Student Name: _____ **ID#:** _____ **Sem/Year:** _____ **Date:** _____

Student Classification Based on Credit Hours Earned: __ Sophomore __ Junior __ Senior

Current GPA: _____

Proposed registration this semester:

Department	Course #	Section #	Start/End Date	Credit Hours	Instructor

Face to face credit hours: _____ **Online credit hours:** _____ **Total credit hours:** _____

Rationale for requesting additional online course/s:

Student Signature: _____ **Date:** _____

Advisor/Academic Program Coordinator Signature: _____ **Date:** _____

Administrative Use Only

Request received by Academic Affairs on: _____ Approved: __ Yes __ No

Provost/Assistant Provost Signature: _____ **Date:** _____

*Please submit this completed form to the Office of Academic Affairs * Murray Center Room 206 * 812-749-1238
academicaffairs@oak.edu*