Online Learning
Course Approval for a Residential Student

Student’s Name: ___________________________________________ ID # __________

E-mail: ___________________________________________ Phone number: __________________________

☐ Sophomore   ☐ Junior   ☐ Non-Graduating Senior   ☐ Graduating Senior

Term Enrolled: ☐ Fall _________   ☐ Spring _________

Course #: __________________________ Course Name: __________________________________________ Credits ______

[Dept/#/Section]

REGISTRATION REQUIREMENTS

• The Provost must approve this registration before registering for course.
• Registration for Online Learning (OL) courses will be done through the Online Learning Office.
• Sophomores may register for only one OL course in a term.
• Juniors may register for no more than two OL courses in a term.
• Total credit hours for residential and online learning courses cannot be more than 21 hours.
• Residential students must maintain 12 credit hours on campus to live in a dormitory or receive institutional scholarships.
• Online courses will be billed at the residential tuition rate.

QUESTIONS

<table>
<thead>
<tr>
<th></th>
<th>YES ☐</th>
<th>NO ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this for an RTRGL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently on Academic Probation?</td>
<td>YES ☐</td>
<td>NO ☐</td>
</tr>
<tr>
<td>Will this enroll you for over 18 hours?</td>
<td>YES ☐</td>
<td>NO ☐</td>
</tr>
<tr>
<td>Are you an international student?</td>
<td>YES ☐</td>
<td>NO ☐</td>
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</tbody>
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RATIONALE FOR TAKING THIS COURSE ONLINE

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURES

Student: ___________________________________________ Date: __________

Student’s Advisor: ___________________________________________ Date: __________

V.P. Academic Services: ___________________________________________ Date: __________

Registrar: ___________________________________________ Date: __________

For Office Use:
Date in CAMS: ___________________________ Processed by: __________________________

8/11/14