

Office of the Registrar 420 West Main Street Main Hall 118 Danville, VA 24541

Phone: 434-791-5600, Fax: 434-791-7181

## Request for TRADITIONAL STUDENT to take AU Online courses

STUDENT NAME:			STUDENT ID #		
AU EMAIL ADDRESS:			MAJOR:		
PHONE NUMBER:			STUDENT ATHLETE:	YES NO	
			COACH:		
	*Th	is form allows T	raditional students the flexibility to add AU Online courses to their sch	nedule.	
			2.0 OR HIGHER FOR FALL AND SPRING REQU		
	COURSE	SECTION	COURSE TITLE	CREDIT HOURS	
ADD					
ADD					
ADD					
Requested Term:  Requested Session:			☐ Fall ☐ Spring ☐ Session 1 ☐ Session 2 ☐ Session 4		
Requested Year:					
Students mus	that this course i	I am requesting t	to take an 8-week accelerated course in session of the term the online, asynchronous course and will not be subjected to normal Universe Canvas course for due dates which may fall on weekends, announced other course information.	rsity breaks. I also understand that I	
	MUST	be completed	by the student's advisor and then turned into the Registrar	s Office.	
Student's	Signature:		Date:		
Advisor's	Signature:		Date:	Date:	