Paine College
CAPS COURSE REQUEST FORM
REQUEST FOR MAIN CAMPUS STUDENT TO TAKE COURSES AT THE BELAIR LOCATION

NOTIFICATION DATE: _________________ 

NAME_______________________________________ STUDENT ID#____________________

SIGNATURE__________________________________ 

*The student listed above is requesting to take courses within the CAPS program. These courses are offered at the Belair location. This form must be initiated and signed by the student. Upon approval from the student’s designated academic advisor and the Assistant Vice President for Academic Affairs, the student may take the requested courses. Once all of signatures are obtained, this form must be submitted to the Registrar’s Office.

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<thead>
<tr>
<th>COURSE/SEC</th>
<th>COURSE TITLE</th>
<th>CR HOURS</th>
<th>INSTRUCTOR NAME</th>
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JUSTIFICATION_________________________________
______________________________________________________________________________
______________________________________________________________________________

Administrator Signatures Below this line only

Advisor (Signature) ___________ Date ________ [ ] Approved [ ] Denied

Assistant VP for Academic Affairs ___________ Date ________ [ ] Approved [ ] Denied

Last Updated: March 2013