

Date Received from College: \_\_\_\_\_

Date Received from ELRC: \_\_\_\_\_

## Extended Learning Office Course Request Form

CRN

### COMPLETED BY COLLEGE

Request Submitted By:

Phone:  Fax:

Course Title:  Term:

Course #:  Sec #:  Hours:

Proposed Dates of Course:  Day:  Time:

Course Location (City):

Recommended Instructor:

Instructor ID #:  E-mail

Extended Learning grades are completed on line by the instructor of record at  
<http://star.wvu.edu> or <http://mix.wvu.edu>

If tuition waived, give sponsor:

Payment of Off Campus Fee?  Student  3<sup>rd</sup> Party Sponsor  Grant

Special Needs:

Department Chair Signature: \_\_\_\_\_ Date:

Academic Dean Signature: \_\_\_\_\_ Date:

**\*\*NOTE: If your course requires a unique arrangement such as an orientation meeting on campus or if students are required to e-mail professor upon registration, etc., please attach a special note.**

### COMPLETED BY EXTENDED LEARNING REGIONAL CENTER

#### COURSE LOCATION

Building:  City:

County:  State:

Arrangements Made for Special Needs:

**Coordinator Signature:** \_\_\_\_\_