THE COLLEGE OF THE BAHAMAS COURSE REQUEST FORM

FALL SEMESTER

STUDENT NUMBER		SURNAME			FIRST NAME		MI	MIDDLE INITIAL		
SEMESTER		PROGRAMME			NEW PROVIDENCE ADDRESS P.O. BOX:		WOR	TELEPHONE: WORK: HOME:		
APPROVED COURSES					APPROVED ALTERNATIVES					
SCHOOL	COURSE ABBREV, & NUMBER	SECTION	NO, OF CREDITS	AUDIT	SCHOOL	COURSE ABBREV. & NUMBER	SECTION	NO. OF CREDITS	AUDIT	
					4.5					
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or and a										
TOTAL	CREDITS									
STUDENT'S SIGNATURE:						Date;				
NUMBER OF CREDITS OVERLOAD:				ACADEMIC DEAN'S SIGNATURE CREDIT OVERLOAD:						