THE COLLEGE OF THE BAHAMAS COURSE REQUEST FORM

SUMMER SESSION 11

STUDENT NUMBER		SURNAME				FIRST NAME		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
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TOTAL O	CREDITS								
	NT'S SIGNATURE: _ R'S SIGNATURE: _					Date:			
NUMBER OF CREDITS OVERLOAD:					ACADEMIC DEAN'S SIGNATURE CREDIT OVERLOAD:				