THE COLLEGE OF THE BAHAMAS
COURSE REQUEST FORM

S P R I N G   S E M E S T E R

STUDENT NUMBER	SURNAME	FIRST NAME	MIDDLE INITIAL
SEMESTER	PROGRAMME	NEW PROVIDENCE ADDRESS P.O. BOX:	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

TOTAL CREDITS

STUDENT'S SIGNATURE: _____

ADVISOR'S SIGNATURE: _____

Date: _____

Date: _____

NUMBER OF CREDITS OVERLOAD: _____

ACADEMIC DEAN'S SIGNATURE
CREDIT OVERLOAD: _____