

PETITION TO ENROLL IN AN OFF-CAMPUS COHORT CLASS (one term)

Full Name: _____

Banner ID#: _____

Contact Information: Daytime Phone or ASU E-mail: _____

~ Please use ASU E-mail for any official business with the university ~

Student Classification: _____ first-time student at Appalachian*
 _____ continuing or returning Appalachian student;
 last term/yr attended: _____ **

I am currently seeking:

_____ an undergraduate degree in _____
 _____ a graduate degree in _____
 _____ teacher licensure only; I already have my undergraduate degree

Because of the unique structure of Appalachian's off-campus cohorts, individuals whose names do not appear on the original cohort roster are not generally allowed to enroll in the off-campus courses. The University does recognize, however, that there are sometimes circumstances which warrant special enrollment in the of-campus cohort courses. Please indicate your intentions in seeking entry to the off-campus course/s by checking and completing one of the following boxes. If you should require additional space to explain your situation, please attach.

NOTE: *Out-of-cohort student permissions are requested after the cohort registers.*

I wish to take only the course/s listed below for the term and location indicated:

Course #	Section # (eg: 375, 376)	Location (city/county):	Call # (CRN)

- List **term** of course/s to be delivered: a) _____ b) _____
- Reason for this request: _____

I understand, if approved, I will be allowed to take only the off-campus course/s listed for said term. Should I wish to take any additional off-campus courses delivered to a cohort of which I am not a member, I understand that I must submit another petition to enroll.

*NOTE: If you have not taken a class at ASU before contact 1-800-355-4084 for application forms. (New students will owe a \$50 enrollment fee and transcripts.)

If you skipped enrollment a term, you will need to complete and submit a 2 page "DATA SHEET" available at: **Error! Hyperlink reference not valid.

_____ **Student Signature**

Date

Please submit this completed form to: Office of Extension and Distance Education

ASU PO Box 32054

Boone, NC 28608

c/o: PERI DAVID
davidwp@appstate.edu

or Fax to: 828/265-8673

<rev 8/08> OFFICE USE: The campus code for this student will be: _____