DUAL CAMPUS STUDENT REQUEST FORM

Name: ________________________________________________________________

WVU ID: _________________________ Current Major: _________________________

Local Address: _________________________________________________________

_____________________________________________________________________

Phone Number: _________________________________________________________

The above named □ WVU-Morgantown / □ WVU Potomac State College student requests
permission to enroll for the following courses at WVU Tech during the:

□ Fall  □ Spring  □ Summer  of 20______ term

Tech Courses

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Title</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Online Course (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Justification for requesting to take courses through Tech:

_____________________________________________________________________

_____________________________________________________________________

Student’s Signature __________________________ Date: ___________________

Your Advisor’s Signature __________________________ Date: ______________

Return form to: Registrar’s Office
410 Neville Street
Beckley, WV 25801

(304) 929.1696 (fax)

Please note: Separate tuition and fees will be assessed for courses on each campus.

For Tech office use only:

□ Approved by: __________________________ Date: ______________________

□ Registration override completed by: ____________________________ Date: ______________

□ Disapproved by: __________________________ Date: ______________________