



DUAL CAMPUS STUDENT REQUEST FORM

Name: \_\_\_\_\_

WVU ID: \_\_\_\_\_ Current Major: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above named  Potomac State College /  West Virginia University Institute of Technology student requests permission to enroll for the following courses at WVU during the:

Fall  Spring  Summer of 20\_\_\_\_ term

WVU College Courses

| CRN | Course Title | Course Number | Credit Hours | Online Course (Y/N) |
|-----|--------------|---------------|--------------|---------------------|
|     |              |               |              |                     |
|     |              |               |              |                     |

Justification for requesting to take courses through WVU:

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Return form to: **Office of the University Registrar – Registration Unit**  
**PO Box 6878**  
**Morgantown WV 26506-6878**  
**304.293.5355 (office) 304.293.8991 (fax)**

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| <p>For WVU office use only:</p> <p><input type="checkbox"/> Approved by: _____ Date: _____</p> <p><input type="checkbox"/> Registration override completed by: _____ Date: _____</p> <p><input type="checkbox"/> Disapproved by: _____ Date: _____</p> |
|--|