

STUDENT INFORMATION:

Full Name: _____ Student ID (A#): _____

UAH Email: _____ Date of Birth: _____ Telephone #: _____

Mailing Address: _____

EXCHANGE SCHOOL INFORMATION:

University of Alabama University of Alabama at Birmingham

TERM:

Fall Spring Summer

YEAR:

20 _____

COURSE INFORMATION:

UAH Equivalent	Course & Section Number (UA/UAB)	Course Title (UA/UAB)	Credit Hours (UA/UAB)	Instructor (UA/UAB)

Students may register for graduate courses required by their program (as with joint programs with UA & UAB).

Student Signature: _____ Date: _____

I verify the course is required in this student's program of study.

Advisor Signature: _____ Date: _____

Graduate Dean Signature: _____ Date: _____

Completed form should be returned to Registrar's Office (SSB 120). Tuition and fees are due by UAH payment deadline date. UAH financial and academic policies apply to this course exactly as if it were being taken on the UAH campus. Withdrawal procedures and deadlines are the same as for courses taken at UAH. You will be notified by Registrar's Office if the host institution denies registration request.

OFFICE USE ONLY

Course Created		Processed By	
Notified Institution		Date	
Notified Student (email)			