KELLOGG COURSE REQUEST FORM

Course requested for: _______ Quarter 200____ registration

Name ___________________________ ID# ______________________________

Phone ___________________________ Email ____________________________

NU School of Registration ________________________________

Department/Program ______________________________

Are you a Masters level student? [ ] PhD level student? [ ]

Expected date of graduation (VERY IMPORTANT) _______________________

What course would you like to take?*

Dept. ____________________ Course No. __________ Course Title ____________________ Section ____________________________

*You must have the necessary prerequisite(s) or equivalent coursework for the course you have requested. Prerequisite information is available on the Kellogg online course catalog: http://www1.kellogg.nwu.edu/schedules/catalog.asp?

Cross-registration to Kellogg is limited to one course per term on a seat available basis. You will be notified via email the first week of class if there is space available.