Office of Enrollment Services
Nigh University Center
Room 124, Box 151
Tel (404) 974-2338
FAX (404) 974-3841

GRADUATE

Request for Irregular Enrollment or Enrollment in a Thesis Project

Directions: This form must be filled out completely and signed by the student, the instructor, the department chairperson, and the dean of the college, and the dean of the graduate college before being submitted to Enrollment Services. **Students are to hand carry the request to Enrollment Services (Nigh University Center – Room 124) after all approvals have been obtained in order for a CRN to be assigned and the student enrolled.**

To: Enrollment Services

From: Department _____ Date _____

☐ Fall ☐ Spring ☐ Summer _____ Year Student Phone # _____

Student Name _____ Student ID# * _____
Last First

Course Prefix	Course Number	CRN Number	Title (Max. 30 spaces)	Credit Hrs	Time and Days	Bldg. and Room	Instructor Name First and Last
						ARR	

Beginning Date: _____ Ending Date: _____

The following information must be provided for all irregular enrollments or thesis/project.

(Note: If this form has not been processed by the third week after the semester begins, a letter from the instructor must accompany this form explaining why it is being submitted late.)

1. **Describe the work to be completed:**

2. **Describe the evaluation process for assignment of a grade:**

3. **Explain why this course needs to be taken by the student as an irregular enrollment:**

In addition to completing all Irregular Enrollment information above, the following Thesis/Project information is required:

List All Committee Members (If known):

_____ _____

_____ _____

Anticipated Semester of Completion of Thesis: ☐ Fall ☐ Spring ☐ Summer _____ Year

_____ _____
Student's Signature Date Instructor's Approval Date

_____ _____
Department Chairperson's/School Director's/ Committee Chair's Approval Date College Dean's Approval Date

_____
Graduate Dean's Approval Date