


Potomac State College
 West Virginia University
DUAL CAMPUS STUDENT REQUEST FORM

Name: _____

WVU ID: _____ Current Major: _____

Local Address: _____

Phone Number: _____

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

Fall Spring Summer of 20____ term

Courses

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

Justification for requesting to take courses at other campus:

Student's Signature	Date	Advisor's Signature	Date
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Please note: Separate tuition and fees will be assessed for courses on each campus.

Return form to: Potomac State College of WVU Office of Enrollment Services
 75 Arnold Street
 Keyser, WV 26726
 304.788.6820 (office) 304.788.6939 (fax)

For office use only:

Approved by: _____ Date: _____

Registration override completed by: _____ Date: _____

Disapproved by: _____ Date: _____