

Teacher Education Course Action Form

Today's Date: _____ SIS/Empl ID Number: _____ (7 digits—leave blank if unknown)

Name: _____
Last First Middle/Maiden

Email Address: _____ Select one: B/MT or PG/MT

Curry Graduation Year: _____ Area of Teaching Specialization: _____

Please note: *Course Actions can only be completed at Curry for an MT student if s/he is 1) in a PGMT program or 2) a B/MT who has been advanced to graduate status. B/MTs who have not yet been advanced must complete the online University Course Action form and submit it to the College of Arts & Sciences registrar's office in Monroe Hall.*

Course Action requested:

- ☐ Course restricted
☐ Missed deadline
☐ Permission of instructor required
☐ Course full
 ☐ Overload of credits
☐ Other _____

Class Number (5 digits)	Subject Area (4 letters)	Course # (4 digits)	Class Section	Course Title	Var. Credits	Grade option CR/NC Audit Grade

Instructor Signature (*required except for overload*)

With these changes, I will be enrolled for _____ credits. Approval to go above the maximum allowed requires the approval of my advisor.

Advisor Signature (*only required for overload*)

Student Signature: _____ Date: _____

*****Note: Applicant Should Not Write Below This Line*****

I. Teacher Education Program Official:

Signature _____ Date: _____

☐ Denied ☐ Granted