ACADEUM COURSE REGISTRATION REQUEST FORM

Please complete all fields, them email this form to registrar@guilford.edu at least 74 hours prior to the start date of the Acadeum class. Incomplete forms will be returned to the student and Advisor for completion.

Student's Information – All fields required.

First Name _____ Last Name _____

G# _____ Student Email _____

Major _____ Undergraduate/Graduate _____

Advisor's Name _____ Advisor's Email _____

Address_____

City _____ State _____ Zip _____

ACADEUM COURSE DETAILS

Course Prefix and Number _____ Course Title_____

Credit Hours _____ State Date _____ End Date _____

University _____

GC Course being replaced _____

Signatures (Required)

Student _____ Date_____

Advisor _____ Date _____

Office of the Provost _____ Date_____

Date Received by the Registrar's Office _____ Received by _____