ACADEUM COURSE REQUEST

STUDENT INFORMATION Student Name:	ID#:	
Reason for requesting an Acadeum Co	ourse:	
UNION COURSE INFORMATION Course Code:	Title:	
Credits: Desired Term: Fall 2	0 Spring 20 Summer 20	
SIGNATURES		
Student Print:	Signature:	Date:
Advisor Print:	Signature:	Date:
Program Dir. Print:	Signature:	Date:
ACADEUM COURSE INFORMATION (Records Only)		
Course Code:	Title:	Credits:
Institution:	Start Date:	_ End Date:
Drop Date: Cost:	Additional Charge to the Stu	ıdent: 🗆 Yes 🗆 No
Registered through Acadeum Date:	adeum Date: Registered in PC Date:	
Final Grade: Final Grade En	ntered into PC Date:	
Notes:		

All Acadeum requests must be submitted to the Records Office <u>two weeks before the add/drop date for each</u> <u>semester</u>. Courses and registration are not guaranteed if a request is submitted later than two weeks before the add/drop date for each semester.

Union College Records Office | Dick Building 507 | 3800 S 48th Street, Lincoln, NE 68506 Phone: (402) 486-2529 | <u>records@ucollege.edu</u>