



UNIVERSITY
OF THE BAHAMAS

COURSE REQUEST FORM FALL SEMESTER

Student Number:		UB E-mail Address:	
Last Name:	First Name:	Middle Name:	
P. O. Box:		Island/Country:	
Home Phone:	Work Phone:	Cell Phone:	
Semester:		Year:	
Degree:		Major:	

APPROVED COURSES					APPROVED ALTERNATIVES				
ABBREV	NUMBER	SECTION	CREDITS	AUDIT	ABBREV	NUMBER	SECTION	CREDITS	AUDIT
TOTAL NUMBER OF CREDITS					TOTAL NUMBER OF CREDITS				

Student's Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____

Number of Credits Overload: _____

Academic Dean's Signature: _____

Date: _____