PETITION TO ENROLL IN AN OFF-CAMPUS COHORT CLASS (one term)

Full Name: ______________________________________________________________
Banner ID#: _____________________________________________________________
Contact Information: Daytime Phone or ASU E-mail: _____________________________
   ~ Please use ASU E-mail for any official business with the university ~

Student Classification:  ____first-time student at Appalachian*
   ____continuing or returning Appalachian student;
   last term/yr attended: ________________________________

I am currently seeking:
   ____an undergraduate degree in ____________________________________________
   ____a graduate degree in __________________________________________________
   ____teacher licensure only; I already have my undergraduate degree

Because of the unique structure of Appalachian’s off-campus cohorts, individuals whose names do not appear on the original cohort roster are not generally allowed to enroll in the off-campus courses. The University does recognize, however, that there are sometimes circumstances which warrant special enrollment in the off-campus cohort courses. Please indicate your intentions in seeking entry to the off-campus course/s by checking and completing one of the following boxes. If you should require additional space to explain your situation, please attach.

NOTE: Out-of-cohort student permissions are requested after the cohort registers.

I wish to take only the course/s listed below for the term and location indicated:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Section # (eg: 375, 376)</th>
<th>Location (city/county):</th>
<th>Call # (CRN)</th>
</tr>
</thead>
</table>

   ● List term of course/s to be delivered: a) __________________ b) __________________
   ● Reason for this request: ______________________________________________________

I understand, if approved, I will be allowed to take only the off-campus course/s listed for said term. Should I wish to take any additional off-campus courses delivered to a cohort of which I am not a member, I understand that I must submit another petition to enroll.

*NOTE: If you have not taken a class at ASU before contact 1-800-355-4084 for application forms. (New students will owe a $50 enrollment fee and transcripts.)

**If you skipped enrollment a term, you will need to complete and submit a 2 page “DATA SHEET” available at: Error! Hyperlink reference not valid.

_________________________      __________
Student Signature          Date

Please submit this completed form to: Office of Extension and Distance Education
   ASU PO Box 32054
   c/o: PERI DAVID
   davidwp@appstate.edu or Fax to: 828/265-8673
   Boone, NC  28608

The campus code for this student will be: ____________