Regular Term Course Exception Form

Student Name: _____   Student ID (991) Number: _____

ISU Outlook e-mail address: _____

Registration Term (Mark only one):   Fall   Spring   Registration Year: _____

Degree Program: MS   MA

Course Requests (Please list the course including the number and the name):

Reason for taking the class via distance education:

Required Signatures:

    Approve   Deny   If denied, reason why:

_____   _____
Graduate Coordinator   Date

    Approve   Deny   If denied, reason why:

_____   _____
Department Chairperson   Date

Receipt of Form:

_____   _____
Distance Education Coordinator   Date