

Northern Illinois University
Department of Statistics and Actuarial Science

REQUEST TO ADD A COURSE
Graduate Students

Full name (please print): _____

Z-ID: _____

Course and section number(s): _____

Semester: _____

Number of credit hours: _____

By signing this form, I, the student, acknowledge that I am aware that I will be registered for the course(s) indicated above:

Signature of Student

Date

Signature of Faculty

Date

FOR OFFICE USE ONLY:

Override type and reason:

Registration date: _____

Other comments: