

Use this form to request enrollment in a course(s) offered through another Marian University location during the fall or spring semester. Return completed form to regis@marian.edu.

Student name _____ Student I.D.# _____
(please print)

MU Email Address _____ Cell Number (_____) _____

Current home location:

- Ancilla Campus
- Marian’s Adult Program (MAP) Online
- Main Campus – Indianapolis
- Other (please list):

Semester of requested approval (please add year):

- FALL 20_____
- SPRING 20_____

Student eligibility requirements:

- Must be in good academic standing (as defined on page 30 of the university catalog) and have a minimum of 30 earned credit hours. **If not in good academic standing, additional approval from the Assistant Provost required.**
- The enrollment request must be in a course NOT offered at the students’ home location. **Enrollment in a course that is offered at the students’ home location requires additional approval from the Assistant Provost.**
- Students are eligible to enroll in a maximum of one course at another Marian University location in the fall or spring semester. **Enrollment in more than one course requires additional approval from the Assistant Provost.**
- Enrollment in courses taken at another Marian location may incur additional tuition charges.
- Completion and submission of this form does not guarantee course availability or enrollment.

	Course Number/Section	Course Title	Credit Hours	MU location/site	Course Modality
1.					
2.					

Is the above course(s) being offered at your home location? Yes OR No

If YES, why are you not able to take the course at your home location? _____

Provide a brief reason for the alternate location enrollment: _____

Academic Advisor:

The above-named student has met with their academic advisor to discuss this option.

Student Initials: _____

Advisor Printed Name _____ Advisor Signature _____ Date _____

- Approved
- Approved – with reservations conveyed to the student directly

Business Office:

The above-named student has met with the business office and is financially eligible to register for an alternate location course(s).

Student Initials: _____

BO staff signature _____ Date _____

Financial Aid Office:

The above-named student has met with the financial aid office to understand aid eligibility for an alternate location course(s).

Student Initials: _____

FAO staff signature _____ Date _____

Assistant Provost (only required if additional approval is required):

- Student approved to enroll in more than one course.
- Student is waived of the “good-standing” requirement.
- Student is allowed to enroll in a course that is currently offered through their home location.

Assistant Provost Signature _____ Date _____

The Assistant Provost is responsible for reporting all permission granted, on a monthly basis, to APC in place of committee approval.

By signing below, the student understands:

- Additional courses not listed here will require a new approval.
- The total registration may alter the student financial aid eligibility or billing.
- Approval is granted on a semester basis and does not apply to future semesters.
- This form is NOT an application and does NOT provide acceptance into a program at a different location.
- Enrollment is NOT guaranteed and is dependent on section capacity and/or availability.
- The student must attend the course in the modality in which it is being offered. Separate course modality accommodations will not be made (e.g. if it is an in-person course, the student must attend the course in person at its normal course time).
- NURSING STUDENTS: With the cohort design and clinical requirement for most nursing courses, nursing students will need written consent from The School of Nursing to participate in major courses at a different site.

Student’s Signature* _____ Date _____

*This document requires an original/legal signature. A typed in name will not be accepted as a signature.