



DUAL CAMPUS STUDENT REQUEST FORM

Name: _____

WVU ID: _____ Current Major: _____

Local Address: _____

Phone Number: _____

The above named **Potomac State College** / **WVU student** requests permission to enroll for the following courses at **WVU** / **Potomac State College** during the:

Fall Spring Summer of 20____ term

Courses

CRN	Course Title	Course Number	Credit Hours	Online Course (Y/N)

Justification for requesting to take courses at other campus:

Please note: Separate tuition and fees will be assessed for courses on each campus.

Return form to: Potomac State College of WVU Office of Enrollment Services
1 Grand Central Park, Suite 2090
Keyser, WV 26726
304.788.6820 (office) 304.788.6939 (fax)

For office use only:
<input type="checkbox"/> Approved by: _____ Date: _____
<input type="checkbox"/> Registration override completed by: _____ Date: _____
<input type="checkbox"/> Disapproved by: _____ Date: _____