

Out of Career Form

This form will allow you to enroll in a course outside of your academic career for credit.

Signatures may be obtained via NAU emails.

Name (First, Last): _____ Student ID #: _____
Phone #: (_____) _____ Email: _____@nau.edu
Term: _____ Subject, Catalog #, and Section: _____
Number of Units: _____

- ☐ I allow permission to be added to the Wait List if the class is full.
- ☐ I will check with my advisor to determine how it fits into my degree program.
- ☐ I have contacted the instructor to discuss the rigor of the course.
- ☐ I would like this course to count towards a future graduate program and I will contact the department offering the degree.

Student Signature: _____ **Date:** _____

Check the appropriate box below:

- ☐ **Undergraduate enrolling into a 500 level class:**
By signing this form, I acknowledge I have reviewed with the student their interest in taking the course as well as all possible academic progress implications.

Advisor Name (Print): _____ Advisor Signature: _____ Date: _____

- ☐ **Undergraduate enrolling into a 500 level class requiring a requisite override:**
By signing this form, I approve of the student enrolling in this course. I also waive all required prerequisites. I also acknowledge I have reviewed with the student their interest in taking the course as well as all possible academic progress implications.

Instructor Name (Print): _____ Instructor Signature: _____ Date: _____

- ☐ **Undergraduate enrolling into a 600 level class:**
By signing this form, I approve of the student enrolling in this course. I also waive all required prerequisites. I also acknowledge I have reviewed with the student their interest in taking the course as well as all possible academic progress implications.

Instructor Name (Print): _____ Instructor Signature: _____ Date: _____

- ☐ **Graduate student enrolling into a 400 level class for credit*:**
Faculty advisor signature required.
*Per Graduate College Policy, Masters students may count up to 6 hours of 400 level credit towards their degrees.

Faculty Advisor Name(Print): _____ Advisor Signature: _____ Date: _____