

Processed by:_

Date: _

Office of the Registrar PO Box 4103, Flagstaff, AZ 86011 Phone: 928-523-5490

Registrar@nau.edu

Registrar's Use ONLY

Out of Career Form

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

Signatures may be submitted via NAU emails.

Name (First, Last):	Student II	D #:			
Phone #: (<u>)</u>	Email:	@nau.ed	du		
Term:Su	bject & Catalog# Ex: BIO	Class #:			
Embedded Lab#:	Number of Units	:			
☐ I allow permission	on to be added to the Wait	t List if the class is full.			
Please identify your q	goal from one of the opti	ons below:			
	erated program, requestin y advisor to determine wh 309).	•			
Or	Or				
☐ I am a senior no	□ I am a senior not in an accelerated program requesting enrollment into a 500 level course.				
Student Acknowledge	ements:				
□ I have checked	-	hat I am eligible to take	into my degree program. this course (Policy 100327). discuss the rigor of the course.		
Student Signature: _		Date:			
Pick one option from	numbers 1-6 below:				
1. Undergraduate ser course (Policy 10032	nior <u>not</u> enrolled in an ac 7):	celerated program en	rolling into a 500-level		
least 90 units) b □ I acknowledge t out-of-career un	y the term in which the co hat I have verified that, by	urse begins. enrolling in this course	senior-level status (i.e., at t, this student will <u>not</u> exceed 9 t in taking the course.		
Advisor Name (Print):_	Adviso	r Signature:	Date:		



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2. Undergraduate student enrolled in an accelerated program enrolling into a 500-level course for dual use:

By signing this form, I acknowled course.	lge that I have reviewed with the stude	nt their interest in taking the
Advisor Name (Print):	Advisor Signature:	Date:
3. Undergraduate student enro	olled in an accelerated program enro	olling into a 500-level course
least 90 units) by the term I acknowledge that I have non-dual use, out-of-cares	verified that this student has/will attain in which the course begins. verified that, by enrolling in this course er units. reviewed with the student their interes	e, this student will <u>not</u> exceed 9
Advisor Name (Print):	Advisor Signature:	Date:
4. Undergraduate student in ar use (Policy 100309):	n accelerated program enrolling into	a 600-level course for dual
their undergraduate caree I acknowledge that I have	program requirements require enrollment; they will be using this course as dual reviewed with the student their interest raduate and graduate degree requirements.	al use. It in taking the course; it will be
Advisor Name (Print):	Advisor Signature:	Date:
5. Undergraduate student in ar course requiring a requisite ov	n accelerated program enrolling into verride:	a 500- or 600-level
By signing this form, I approve of prerequisites.	f the student enrolling in this course. I	also waive all required
Instructor Name (Print):	Instructor Signature:	Date:
6. Graduate student enrolling i	nto a 400-level course (Policy 10033	32):
By signing this form, I acknowled course.	lge that I have reviewed with the stude	nt their interest in taking the
	the 6 allowable units of 400 level cour Faculty Advisor Signat	
Date:		
	are reserved for doctoral students. Ur courses, regardless of participation in a	<u> </u>