

University of Alabama System Exchange Request Form

Student's Name _____ D.O.B _____ Student Number _____

Mailing address _____

City _____ Zip _____ State _____

Daytime Phone _____ Alternate Phone _____

E-mail _____ School/Major _____

Student's Signature _____

Students may register for graduate courses required by their program (as with joint programs with UA & UAH).

Academic Year _____ Fall Semester Spring Semester

University of Alabama University of Alabama in Huntsville

Course Reference Number	Course & Section Number	Course Title	Semester Hours	Instructor

I verify the course is beneficial to/required in this student's educational program.

Date

Academic Advisor (for the student's major)

Registrar's Use Only: Date _____ Processed By: _____