



COURSE ADD REQUEST – RESEARCH/SERVICE ELECTIVE

! Every field must be filled out or this form will NOT be accepted !

Student Name: _____ ID#: _____

Class of: _____ Today's Date: _____

Check One: 901 <u>or</u> 902 <u>or</u> 903 <u>or</u> 950SV Service to NM	
Course Number: CLNS: _____	Course Dates: _____ to _____
Agreed upon expectations and/or goals for evaluation (please summarize):	
Student Signature: _____	Date: _____
Research/Service Mentor Name: _____	Date: _____
Research/Service Mentor Signature: _____	

For OMSA use only: CRN: _____ DB: _____ INB: _____