

## Course Request Form

Please try to register for courses directly. If for some reason you cannot register directly, print this form, fill in the details and give it to the accounting department office at 2303 UH (MC 006), 601 S Morgan St, Chicago, IL 60607. After you submit this request, we will verify the information and make sure that you can take this course. Please check that you have met the prerequisites for this class. We will instruct the UIC system to allow you to register for the course you requested and send you an e-mail. After receiving our e-mail, you have to register yourself within two days. If you have any questions contact the department at (312) 996-2650.

First name	Middle name	Last name
email (only _@uic.edu)	Phone Number	UIN #

Accounting Course Number	CRN	Course Day, Time	Instructor Name
<b>Level Enrolled</b>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Non Degree

**Reasons why you think you want to take this course:**

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Student's Signature \_\_\_\_\_ Date\_\_\_\_\_

**Department use only: Approved:**

Department head's signature \_\_\_\_\_ Date\_\_\_\_\_