

Closed Class Request
Computer Science

DATE SUBMITTED: _____

SEMESTER (of the requested class): _____

COURSE REQUESTED: CS _____ CRN: _____
CRN: _____ (for CS1110/1120, list lecture & lab)

NAME: _____

WIN (Western ID Number): _____ - _____ - _____

WMU EMAIL ADDRESS: _____@wmich.edu

PHONE: (_____) _____ - _____

MAJOR: CSG _____ CST _____ CS-Minor _____ Other major (specify) _____.

Are you currently registered for this course, but just want to switch sections? _____

Have you taken this class before and need to repeat it? _____

Is this your first semester at WMU? _____

Did you try registering for this course when you were first eligible to register? _____
(If not, please explain why not).

Explain why you need to get into this course this semester and any other relevant details.