

Course Request Form

Family Name _____	Given Name _____
Major _____	
Date of Birth _____	
E-mail Address _____	

Application Type (Check One):

- Exchange (Please indicate if you plan on studying at Truman for one or two semesters) _____
- Graduate

Listing of Class Preferences

Use this section to list classes which you might be interested in enrolling. Also, please indicate if there are classes your institution absolutely requires that you take during your time at Truman. An advisor will design your class schedule to reflect your major requirements and interests. This schedule will be dependent on course availability and appropriateness to your major and interests.

Maximum number of hours you wish to take (for exchange students, full-time status is 12–17 hours; for graduate students, full-time status 9 hours): _____

Personal issues or concerns which should be considered in planning your schedule:

*The semester course listings may be found on-line at: <http://catalog.truman.edu>

Discipline Code	Course Number	Credit	Course Title
<i>Example:</i> ENG	252	3.0	Western Literature

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 Fax: 660-785-5395

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