



KETTERING UNIVERSITY
COURSE SELECTION FORM

Please print three

For Selection of Courses
Taken During Coop Term

Student ID Number _____ Last Name _____ First Name _____

Registering for _____ Term, Year _____ Concentration _____

Employer _____ Graduation Date _____ Work Phone ____ - ____ - ____

Indicate your current section and classification: A B Major/Dual _____

FR1 FR2 SO1 SO2 JR1 JR2 SR1 SR2 SR3

Kettering University students are allowed to take up to 8 credit hours in addition to their Coop/THS experience.

| PRIMARY COURSE REQUEST | | | |
|------------------------|--------------|--------|--------|
| CRN | COURSE TITLE | CRSE # | CREDIT |
| | | | |
| | | | |
| | | | |

Student Signature _____ Date _____

Authorized Advisor Signature _____ Date _____
Academic advisement is required for all students.

Student Accounts Approval _____ Date _____

*Tuition charges are due on the first day of the term noted above.

Original to Registrar, copies to Advisor and Student
O: Registrar/IA Courses with Coop Revised 25 September 2008

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|------------------------------|
| for office use only |
| _____ Registrar Personnel |
| Date: _____ |