

California Lutheran University
Adult Degree Evening Program (ADEP)
CONCURRENT REGISTRATION REQUEST
Traditional Undergraduate Program

Name: _____ Date: _____

Home Address: _____

Phone: _____ CLU ID: _____

REQUEST TO ENROLL IN:

Course: Ex; Psych 200 _____ Course: _____

Course: _____ Course: _____

Term: _____ Credits: _____

Reason: _____

Student's Signature: _____

Advisor's Signature: _____

<i>Do not write in this area</i>	
_____ Approved for credit	Cumulative Credit: _____
_____ Approved for subject credit only (GPA will be affected but no units transfer)	Cumulative GPA: _____
_____ Denied	Current ADEP Credits: _____
Comments: _____	CC transfer credits to date: _____
ADEP Director's Signature: _____	Date: _____