Name __________________________________________________ ID#_______________________
NU email ____________________________________________ Cell Phone #________________
Major___________________Concentration/Endorsement/Minor____________________________

Tuition Rate Package:
☐ Audit Only (20% of current over 18 tuition rate) $_________________________ Per Credit
☐ Seminar Rate (20% of current over 18 tuition rate) $_________________________ Per Credit
☐ Target Graduation (current Extended Ed rate) $ ___________________________ Per Credit
  ☐ Current CAPS Student: Final semester with 9 credits or less to complete
  ☐ Prior Student: 1 year not attending with 9 credits or less to complete
☐ Special Offering ( ________________________________ )

Requested Courses

<table>
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<tr>
<th>Dept (ARTE)</th>
<th>Number (1022)</th>
<th>Section (00)</th>
<th>Course Title</th>
<th>Credit</th>
<th>Permission (if required)</th>
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Total

Required Signatures:
Student Signature ______________________________________ Date ________________
Advisor’s Review ______________________________________ Date ________________
Registrar’s Office ____________________________________ Date ________________

Notification: __________________ Accnt __________________ Student Accnts __________________ FinAid __________________ VA __________________ Help Desk (opt) __________________ Computer ______ Date ______