

Comp Lit Course Enrollment and CRN Request Form

After this form is completed, please send a copy to both Michael Subialka and Rob Hether.

Student Information

Full Name: _____

Signature: _____

Email: _____

Instructor Information

Full Name: _____

Signature: _____

Email: _____

Course Information

- 250A
- 250B
- 250C
- 250D
- 297
- 299 (number of units: _____)
- 299D (number of units: _____)

Quarter: Fall Winter Spring Year _____

Course topic, anticipated amount of time spent meeting with professor each week, and expectations for a passing grade: