Tyler School of Art Course Request

Please complete this form and return it to the Tyler Admissions Office, suite 100, Tyler School of Art, 2001 N. 13th Street, Philadelphia, PA 19122.

Student Name: ________________________________________________________________

TUID (if available): ____________________________________________________________

Phone: __________________________ Email Address: ________________________________

Semester of Course Requested: ________________________________________________

Courses can be found at www.temple.edu/courses

<table>
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<tr>
<th>CRN</th>
<th>Course Name</th>
<th>Course Time</th>
<th>Instructor</th>
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*If you have taken any previous coursework at Tyler, please list it on the back of this form and include: course name, professor’s name and semester taken.* Please do not contact any instructor directly.

Student Signature: ______________________________ Date: __________________________

For Office Use Only:

[ ] Approval of Admissions Committee

[ ] Approval of Instructor  Instructor signature: ________________________________

[ ] Approval of Chair  Chair’s signature: ________________________________

[ ] Deny  If deny, state reason: ________________________________

[ ] Request Additional Information: ________________________________

Notes: ________________________________