



# 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. 13<sup>th</sup> Street, Philadelphia, PA 19122.

Student Name: \_\_\_\_\_

TUID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Semester of Course Requested: \_\_\_\_\_

Courses can be found at [www.temple.edu/courses](http://www.temple.edu/courses)

| CRN | Course Number | Course Name | Course Time | Instructor |
|-----|---------------|-------------|-------------|------------|
|     |               |             |             |            |
|     |               |             |             |            |
|     |               |             |             |            |
|     |               |             |             |            |

**\*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: \_\_\_\_\_

|   |
|---|
| <p><b>For Office Use Only:</b></p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Deny</p> <p><input type="checkbox"/> Request Additional Information: _____</p> <p>Notes:</p><br><p>Director of Admissions: _____ Date: _____</p> |
|---|