

**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 (if available): \_\_\_\_\_

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

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

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

CRN	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>[ ] Approval of Admissions Committee</p> <p>[ ] Approval of Instructor    Instructor signature: _____</p> <p>[ ] Approval of Chair        Chair's signature: _____</p> <p>[ ] Deny    If deny, state reason: _____</p> <p>[ ] Request Additional Information: _____</p> <p>Notes: _____</p>
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