REQUEST FOR COURSE ENROLLMENT THROUGH THE HOLLINS/ROANOKE RECIPROCAL AGREEMENT

PROCEDURE: Any student who wishes to enroll in a course or courses under the Hollins/Roanoke Reciprocal Agreement must apply through the Registrar's Office at his/her home institution. Arrangements are made between the Registrar's Offices at the two institutions. The student is not to contact the Registrar's Office of the visiting institution or the professor. The student is eligible to request enrollment only if he/she is enrolled full-time and the course requested is not offered at the home institution. Generally, a student is allowed to enroll in no more than two such courses per term. **Under the reciprocal agreement, enrollment will be allowed on a space available basis, as determined by the Registrar at the visiting institution and is only valid for fall or spring term.**

A student who wishes to enroll in a course on either a pass/fail or audit basis must do so through the Registrar's Office at the home institution within the deadline as stated on the visiting institution's academic calendar. If the student wishes to drop a course subsequent to enrollment, the drop will be recorded as of the day the form is received by the home institution and will be graded according to the policy stated in that institution's academic catalog.

Each student is responsible for completing this form, securing authorization from the advisor or departmental chairperson and returning the form to the Registrar's Office of the home institution. The student will be notified of the acceptance or rejection of the request.

Student Name (please print) _____

Student ID Number _____

Course Requested _____
Subject Number Title

Term and year in which course is to be taken: Term _____ Year _____

I understand and will abide by the preceding stipulations.

Student's Signature _____ Date_____

REQUEST GRANTED	REQUEST DENIED	AUTHORIZATION SIGNATURES	DATE
( )	( )	Advisor or Chairperson _____	
( )	( )	Hollins University Registrar _____	
( )	( )	Roanoke College Registrar _____	

To the visiting institution - Please return this form to:
Registrar's Office, Hollins University, PO Box 9708 Roanoke, VA 24020
Fax: 540 362–6690