

French Course Enrollment and CRN Request Form

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

Student Information

Full Name: _____

Signature: _____

Email: _____

Instructor Information

Full Name: _____

Signature: _____

Email: _____

Course Information

☐ 297 (number of units: _____)

☐ 298 (number of units: _____)

☐ 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: