

NEXus COURSE ENROLLMENT REQUEST FORM

Students please check registration deadlines for each partner institution as registration deadlines vary. Form must be signed and approved by chair/adviser. Submit form to NEXus Staff Coordinator at aeza@hawaii.edu

Student Name:		Date:	
UHM Stud	ent ID Number:	Advisor:	,
Program:	c PhD Program	c DNP Program	
Term:	c Fall 20	c Spring 20 c Summer 20	
First Choic		nroll in:	
Course No	umber:		
Course Tit	tle:		
Credit Ho	urs:	c Semester c Quarter	
Second Ch Teaching Ii			
Course No	umber:		
Course Tit	tle:		
Credit Ho	urs:	c Semester c Quarter	
Are you pl	anning to use Finan	ncial Aid for this enrollment? c Yes c No	
l request a	pproval for enrollm	nent in the above listed course(s) for the term indicated.	
Student Sig	gnature	Date	
l have revi	ewed the student's	program of study and approve of the student's request to enroll in this cours	se.
Advisor Sig	gnature	Date	