



## SHARED PROGRAMS APPROVAL FORM

(COMPLETED FORM MUST BE SUBMITTED TO THE STUDENT ACCOUNTS OFFICE)

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

### To be completed by Student:

I wish to enroll in the following course(s) for the \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer:

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

In addition, I agree to the release of any information necessary to process financial aid, including grade transcripts. I realize that this Shared Program agreement applies only to that curriculum that is listed above and that courses must be taken for credit. I understand that any course change, such as a drop/add, must be approved by the Area Coordinator, and I MUST submit a new approval form to Student Accounts, Linksz Pavilion, 1st Floor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by Area Coordinator:

I agree that the above-named student is eligible to participate in our Shared Programs, as he/she is enrolled and qualifies in the following curriculum:

- ☐ Fine Arts w/ Fine Woodworking Focus (AFA.1001)
- ☐ Furniture and Cabinetry (CER.3187)
- ☐ Historic Preservation (CER.3127)
- ☐ Health Coach (CER.3203)
- ☐ Meeting, Convention, and Event Planning (AA.2171)
- ☐ Neuroscience (AS.1194)
- ☐ Paralegal Studies (AA.2128, CER.3129)
- ☐ Sport Management (AA.1154)
- ☐ Dance (AA.1206)

Shared Program approval has been granted to the above student for the \_\_\_\_\_ 20\_\_ semester.

Area Coordinator \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

### Note to students:

You **MUST** present this form each term at the time of registration, either in person, by email, or by mail. All shared program information is input **AFTER** registration is complete.