

Education Support Center

Memorial Hall, Room 7230 MSC 6915

Harrisonburg, VA 22807 Phone: (540) 568-6274 Fax: (540) 568-3342 http://www.imu.edu/coe/esc/

teacher-ed@jmu.edu

REQUEST TO TAKE A COURSE WHILE STUDENT TEACHING

Complete form and secure signatures before submitting to Education Support Center.

Name	Student ID	Email add	Email address	
Local Address		Local Phone Number		
Course Requested	Day/Days	Time	Credits	
GPA at the time of request				
Taking an additional course while student t	reaching is strongly discouraged. Such a request responsibilities. In considering this request the	must clearly demonstrate to	hat the course will not	
1. The student must submit a		ionoving galacimes viii be t		
	at least 3.0 (Refer to special course overload por	licies in the current schedule	of classes if taking more	
The requested course must	be required for graduation or for a minor or maj rate that the course cannot be taken at some oti	ior program. her time in his/her schedule	without creating undue	
hardship on the student.	rogram coordinator must make a recommendation		J	
tudent's Reason for Request: (Use l	back of form if needed.)			
Student Signature		Date	/	
tudent bignature				
SIGNATURES:	Do Not	Do Not	Date	
	Object	Recommend		
			//	
ducation Advisor				
			//	
Program Coordinator				
			//	
Director, Education Support Cent	er			