

## ONLINE COURSE REQUEST

**PROCEDURE:** An on-ground student who wishes to take an online course must complete and submit this form. An on-ground student must obtain approval from their home department chair and from the host (online) department chair. An on-ground student taking an online course will be held to the on-ground campus Academic Calendar for registration, refund, and other policy deadlines. Typically, a student may take one online course per term.

**ON-GROUND STUDENT INSTRUCTIONS:**

1. Select the desired online course(s).
2. Complete all sections of this form, sign and date it, and submit it to your Student Support Counselor no later than the first Monday of semester start.  
**CA:** [castudentsupport@thechicagoschool.edu](mailto:castudentsupport@thechicagoschool.edu) **CHI/XULA:** [chistudentsupport@thechicagoschool.edu](mailto:chistudentsupport@thechicagoschool.edu)  
**DAL:** [dalstudentsupport@thechicagoschool.edu](mailto:dalstudentsupport@thechicagoschool.edu) **DC:** [dcstudentsupport@thechicagoschool.edu](mailto:dcstudentsupport@thechicagoschool.edu)

**STUDENT NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

**TCSP E-MAIL:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**TERM/YEAR:** \_\_\_\_\_ **DEGREE LEVEL:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

**ARE YOU AN INTERNATIONAL STUDENT?**  No  Yes (if your enrollment drops below full time status, contact your DSO.)

| #  | Online Course Code/Section # | Online Course Title | Credit Hours | Term/Semester  | Ground Course Code/Section # (i.e. ONL1A/ONL2A) |
|----|------------------------------|---------------------|--------------|--|---|
| 1. |                              |                     |              | <input type="checkbox"/> Term I <input type="checkbox"/> Term II, 20 | ONL   |
| 2. |                              |                     |              | <input type="checkbox"/> Term I <input type="checkbox"/> Term II, 20 | ONL   |
| 3. |                              |                     |              | <input type="checkbox"/> Term I <input type="checkbox"/> Term II, 20 | ONL   |

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT SUPPORT COUNSELOR** (please check each question carefully)

Student is registered in an on-ground course for the impacted semester and meets the Registration Policy:  Yes  No (If No, direct student to consult with Financial Aid to determine aid eligibility.)

Student is on track to take at least 51% of the total required credit hours for the degree program on-ground:  Yes  No

Student has previously passed an online course:  Yes  No, taken and did not pass  No, never taken

**STUDENT SUPPORT COUNSELOR SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HOME DEPARTMENT CHAIR** \_\_\_\_\_ **Home Department Code:** \_\_\_\_\_ **(\*four digits required)**

*Typically, a student may take one online course per term.*

*The Course Substitution Petition maybe required if the course meets a degree requirement but is not listed in the Program of Study.*

**COURSE 1:**  Approved  Denied **COURSE 2:**  Approved  Denied **COURSE 3:**  Approved  Denied

Course meets Degree Requirement:  Yes  No Course meets Degree Requirement:  Yes  No Course meets Degree Requirement:  Yes  No

**HOME DEPARTMENT CHAIR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HOST (ONLINE) DEPARTMENT CHAIR** \_\_\_\_\_

**COURSE 1:**  Approved **COURSE 2:**  Approved **COURSE 3:**  Approved

**HOST (ONLINE) DEPARTMENT CHAIR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Department Chair: Please email this completed form to the Student Support Counselor listed above if Echo-sign is not used.**

### FOR OFFICE USE ONLY

| FINANCIAL AID & STUDENT ACCOUNTS REVIEW                                |  |   |  |
|--|--|---|--|
| FA Counseling completed :  | <input type="checkbox"/> Yes <input type="checkbox"/> No               | FA Adjustment Needed:   | <input type="checkbox"/> Yes <input type="checkbox"/> No Financial Aid Processed: (Initial & Date) |
| SA Adjustment Needed:  | <input type="checkbox"/> Yes <input type="checkbox"/> No               | Student Accounts Processed: (Initial & Date)                                    |  |
| REGISTRAR OR STUDENT SUPPORT COUNSELOR REVIEW                          |  |   |  |
| Date Rec'd/DOD:  | Staff Processed (Initial/Date):  | Prev CR Hrs:  | Curr CR Hrs:   |
| Add/Drop Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No | Late Reg Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No | Fee Waiver: <input type="checkbox"/> New Student <input type="checkbox"/> Other |  |