

SACM INFORMATION REQUEST FOR TAKING AN ONLINE COURSE

Student Full Name —			D: ———— S	Saudi ID#:		
De	gree Level:	C	urrent Major: —			
	Requested online course ditional face to face instru		id, blended, web-	enhanced, and	any class that	t is NOT
Co	urse title:	— Course Number: ——	— No. of credits: _	Term:	Year:	
a.	Is this course required in	n the student's program	of study?	Yes	No	
b.	Is there an available alte	ernative to face-to-face of	course?	Yes	_ No	
c.	Is this course also offere	ed in traditional face-to-	face instruction st	yle? Yes	No	
d.	Could the course be tak	en in upcoming terms w	ithout a schedule	conflict? Yes_	No	
e.	Will graduation be dela	yed if this course is not	taken in this term?	Yes	No	
If y	ss that is not offered in tryes, please provide the interpretation of the previously taken online not offered in traditional to	formation requested in s classes, if any (this also	ection C below.		nhanced, and	any class that
1.	Course Title:	—Course number:——	No. of credits	: Term:	Year:	
2.	Course Title:	—Course number:——	No. of credits	: Term:	Year:	
3.	Course Title:	—Course number:——	No. of credits	:Term:	Year:	
4.	Course Title:	—Course number:——	No. of credits:	:Term:	Year:	
D.	Comments (optional):					
COJ	ME OF SCHOOL OFFIC TITLE) NTACT INFO)					
SIGNATURE)			(DATE)			