



ONLINE CONSORTIUM of INDEPENDENT
COLLEGES & UNIVERSITY
COURSE REQUEST FORM

Last Name (please print)	First Name	Middle Initial	RMU ID Number
Street	City	State	Zip Code
Phone Number		RMU Email Address	

FALL: YEAR _____ SPRING: YEAR _____ SUMMER: YEAR _____

First Request

	OCICU Course Information	RMU Equivalent Course Information
Session:		
Dates:		
Course Code:		
Course Name:		

Second Request

	OCICU Course Information	RMU Equivalent Course Information
Session:		
Dates:		
Course Code:		
Course Name:		

OCICU Signatures Required

_____ Authorized Signature (Student)	_____ Date	_____ Authorized Signature (Registrar's Office)	_____ Date
_____ Authorized Signature (Dept. Head)	_____ Date	_____ Authorized Signature (Center for Global Engagement) International Students Only	_____ Date