

 **Potomac State College**  
West Virginia University  
**DUAL CAMPUS STUDENT REQUEST FORM**

Name: \_\_\_\_\_

WVU ID: \_\_\_\_\_ Current Major: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail : \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above named  **Potomac State College student** /  **WVU student** /  **WVU-Tech student**  
requests permission to enroll for the following courses at

**WVU** /  **Potomac State College** /  **WVU-Tech** during the:  
 Fall  Spring  Summer of 20\_\_\_\_ term

CRN	Course Title	Course Number	Credit Hours	Online Course (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Justification for requesting to take courses at other campus:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student's Signature** **Date** **Advisor's Signature** **Date**

Please note: Separate tuition and fees will be assessed for courses on each campus.

**Return form to:** Potomac State College of WVU  
Office of Enrollment Services  
75 Arnold Street  
Keyser, WV 26726  
go2PSC@mail.wvu.edu  
304-788-6820 (phone)  
304-788-6939 (fax)