



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