

# ACADEUM ENROLLMENT REQUEST FORM

Thank you for using Acadeum to meet your education needs. Please answer the questions below completely. Pay special attention to the last day to add for the requested class.

Student Name \_\_\_\_\_

TU Course Title/Number \_\_\_\_\_

Acadeum Course Title/Number \_\_\_\_\_

Will 15 or more students be taking this course?      Yes      No

If YES, please have students complete the [Acadeum Student Information Form](#).

If NO, please have student(s) complete the [Acadeum New Student Information Form](#).

Teaching Institution (TI) \_\_\_\_\_

Add Date Deadline \_\_\_\_\_

Course Start Date \_\_\_\_\_      Course End Date \_\_\_\_\_

Request Submission Date \_\_\_\_\_

Reason for needing Acadeum Course:

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

Your Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_