



Request to Enroll at the University of Wisconsin-La Crosse via the Co-op Program

Office of the Registrar; Viterbo University; 900 Viterbo Drive; La Crosse WI 54601
Phone: 608-796-3180; www.viterbo.edu registrar@viterbo.edu

Students at Viterbo University may enroll in selected courses at the University of Wisconsin-La Crosse (UWL) as a result of an inter-institutional cooperative agreement. Through the program, students of both institutions have access to broader educational opportunities, and resources of the institutions can be utilized more fully. Under this cooperative agreement, a student may take selected courses, on a space available basis only at UWL during the fall or spring semesters. The selected courses must be courses that are never available at Viterbo University, and the student must be a fulltime student at Viterbo University (not including co-op credits) during the co-op semester and enrolled in a traditional undergraduate bachelors degree program. (A program charged the tuition plateau between 12-18 credits; not a program offered through a graduate program or adult learning program). The approval of the student's academic advisor is required. Credits earned through this cooperative program are considered to be transfer hours and are not calculated into the student's grade point average at Viterbo University. Students must complete and return the appropriate form, available in the Office of the Registrar.

Deadline for form submission is December 1 to take a SPRING semester course; May 1 to take a FALL semester course. The Co-op Program is not available for summer terms.

_____	_____	_____
Student Name (please print)	Major	Student ID Number
_____	_____	_____
Local Street Address	City, State, ZIP	Phone

To be eligible for this program, a student must be enrolled for at least 12 credits at Viterbo University in the term in which the co-op course is taken.

I am registered for _____ credits at Viterbo University.

I wish to attend UWL during the _____ Fall _____ Spring Year: 20_____

I would like to enroll in the following UWL course:

_____	_____	_____	_____
UWL Department	UWL Course Number	UWL Title of Course	Credits

My intended date of graduation: May August December (circle one) Year: 20_____

_____	_____
Signature of Adviser	Date

_____	_____
Signature of Student	Date

A copy of this form noting approval or disapproval will be sent to you. If approval is given, further information regarding registration will be sent. It is the student's responsibility to follow the steps for registration at UWL. At the completion of the semester an official transcript must be requested, by the student, to be sent directly from UWL to Viterbo University, Registrar's Office for credit to be awarded. Notification of completion is not done automatically by either institution.

Approval Granted _____ Yes _____ No

Course will transfer as:

Department _____ Course Number _____ Title _____ Credits _____

Signature of Registrar/Assistant Registrar _____ Date _____