



European Union Online Course Sign Up Sheet

CSU Course Name and Number: _____ (for example POLS 3555)

CSU Course Title _____ CRN: _____

Semester (check one): Spring _____ Summer _____ Fall _____

Student Name (as it appears in ISIS): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Student ID: _____

Major: _____

Email Address (print clearly): _____

I understand that in requesting this course, I must check my email regularly for correspondence from the faculty member teaching the course. In addition, I understand that I must notify Dr. McCrillis if I decide to withdraw from the course.

Signature

Please return completed and signed form to :

Neal R. McCrillis, Ph.D.

Director, Center for International Education

Mildred Miller Fort Foundation Eminent Scholar Chair of International Education

Columbus State University

Telephone: (706) 565-4036

Fax: (706) 565-4039

Email: mccrillis_neal@colstate.edu

Web: cie.colstate.edu