NAZARBAYEV UNIVERSITY

Office of the Registrar

Extra Place Form

! Do not exceed capacity of the assigned room !

STUDENT INFORMATION

First name _____ Last name_____

Student ID _____ NU School _____

Major_____ Year of study (1-4)_____

Track (if any)_____ Minor (if any)_____

COURSE INFORMATION

Semester: ☐ Fall20_ _ ☐ Spring20_ _ ☐ Summer20_ _

Course Abbr_____ **Title**_____

☐ Lecture (L) Section_____ Instructor's Signature_____

☐ Lab (Lb) Section_____ Instructor's Signature_____

☐ Tutorial (T) Section_____ Instructor's Signature_____

☐ Recitation (R) Section_____ Instructor's Signature_____

☐ _____ Section_____ Instructor's Signature_____

Student_____
signature date

Adviser _____
full name and signature date

Dep. Chair of the course/Vice Dean for Academic Affairs_____
full name and signature date

*Please make sure not to leave blank fields. It will prevent from proceeding your form.
***All forms should be submitted to the School Office of the course.**

School administrator use only

Processed by: Date:

revised November 12, 2015