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 _____

Academic Level _____ Year of study (1-5) _____

Major _____

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

COURSE INFORMATION

Semester: Fall20__ Spring20__ Summer20__

Other _____

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 to fill in the form properly, or it will not be processed.
***This form must be submitted to the School Office of the course.**

School administrator use only

Processed by: Date:

revised November 06, 2018