



CABRINI
UNIVERSITY

REQUEST FOR AFFILIATE COURSE

(Valley Forge Military Academy or Eastern University)

Please use this form to request to take classes at either Valley Forge Military Academy or Eastern University. You will be notified if the course has been approved and registration is complete.

Student Information

Name: _____ Date: _____

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____

Cell Phone: _____ Cabrini Email: _____

Affiliate School Information

Affiliate School: _____

Affiliate Subj/#: _____ Course Title: _____

Semester/Year: _____ Days/Times: _____

Cabrini Equivalent Course: _____ Core: _____ Major: _____ Elective: _____

Student Confirmation

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded using my [Cabrini University email account](mailto:registrar@cabrini.edu).

Student Name: _____ Date: _____

Advisor Approval

Please either digitally sign below or include your written approval in the email when you forward this form to registrar@cabrini.edu.

Advisor Signature: _____ Date: _____

Registrar Use Only

Additional data added by Registrar before secure transmission:
