



# Special Instructional Request (SIR) Form

**TO PARTICIPATE IN THIS PROGRAM:** (1) submit this form to the Athens State University Admissions Office by the due date, (2) have your Instructor from Calhoun Community College confirm your participation via email to [jowanda.mcneil@athens.edu](mailto:jowanda.mcneil@athens.edu) by the end of the second week of class.

**NOTE:** Athens State University students are considered visiting students under the SIR program and are placed in Calhoun courses only after all Calhoun students are placed.

## Student Information

Full Name: \_\_\_\_\_  
Last First Student ID

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Like the example below, please fill out the following information from Calhoun Community College's class schedule

Title of Course:	<b>ENGLISH COMPOSITION I</b>	Time:	<b>8:00-9:15</b>
CRN:	<b>1455</b>	Days:	<b>MW</b>
Reference:	<b>ENG 101</b>	Date Range:	<b>JAN. 09 – MAY 10</b>
Section:	<b>100</b>	Instructor:	<b>TBA</b>

## Course

Title of Course: \_\_\_\_\_ Time: \_\_\_\_\_

CRN: \_\_\_\_\_ Days: \_\_\_\_\_

Reference: \_\_\_\_\_ Date Range: \_\_\_\_\_

Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

## Course

Title of Course: \_\_\_\_\_ Time: \_\_\_\_\_

CRN: \_\_\_\_\_ Days: \_\_\_\_\_

Reference: \_\_\_\_\_ Date Range: \_\_\_\_\_

Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

## Course

Title of Course: \_\_\_\_\_ Time: \_\_\_\_\_

CRN: \_\_\_\_\_ Days: \_\_\_\_\_

Reference: \_\_\_\_\_ Date Range: \_\_\_\_\_

Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

**\*\*Please notify the Athens State University Admissions Office prior to dropping your course(s). \*\***