PERMISSION TO ENROLL

STUDENT NAME: _____ **DATE:** _____

MAJOR: _____ **ID# OR SSN:** _____ **ANTICIPATED GRAD YEAR:** _____

Are any of the courses selected designated as Service Learning courses: □ YES □ NO. IF YES, consult the Service Learning Office for the appropriate Service Learning permission form. Thank you.

TERM: CHECK ONE: **□ FALL** _____ **Year** **□ INTERSEMESTER** _____ **Year** **□ SPRING** _____ **Year** **□ SUMMER** _____ **Year**

CHECK ONE OR MORE OF THE FOLLOWING AS APPROPRIATE: I am requesting permission to:

□ Enroll in a closed course
□ Waive the course prerequisite and/or corequisite
□ Instructor's permission is required
□ Other: Please explain: _____

	DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR
COURSE:						
COURSE:						

REQUIRED SIGNATURES

Please sign the form and secure <u>only the required signature(s)</u>

_____ _____ _____ _____
Student's signature Date Instructor's signature **(if applicable)** Date

_____ _____ _____ _____
Department Chair's signature **(if applicable)** Instructor's signature **(if applicable)** Date

_____ _____ _____ _____
Advisor's signature **(if applicable)** HEOP/Vision Program Officer's signature **(if applicable)** Date

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Office of the Registrar 10/08