



PERMISSION TO ENROLL

Office of the Registrar
DS 120

STUDENT NAME: _____

DATE: _____

STUDENT ATHLETE ☐ YES ☐ NO

MAJOR: _____ STUDENT ID NUMBER: _____ ANTICIPATED GRAD YEAR: _____
mm/yyyy

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 _____ ☐ INTERSEMESTER _____ ☐ SPRING _____ ☐ SUMMER _____
Year Year Year 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: _____

PLEASE NOTE: Students will be asked to provide proof of Advisor's approval of the course on their worksheet.

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

REQUIRED SIGNATURES

Please sign the form and secure only the required signature(s)

_____ Student's signature	_____ Date	_____ Instructor's signature (if applicable)	_____ Date
_____ Department Chair's signature (if applicable)	_____ Date	_____ Instructor's signature (if applicable)	_____ Date
_____ Advisor's signature (if applicable)	_____ Date	_____ HEOP/Vision Program Officer's signature (if applicable)	_____ Date
_____ Associate Athletics Director of Compliance Signature Brandi Guerinot	_____ Date		

☐ **FOR REGISTRATION OFFICE USE:** Education Plan, indicating course approval by Advisor, was reviewed.

Office of the Registrar
10/2016