

# PERMISSION TO ENROLL

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 \_\_\_\_\_ 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: \_\_\_\_\_

**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 |
| Student-Athlete Academic Support Services Coordinator (if applicable) | Date |   |      |

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