

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 |
| Athletics Director or Director of Compliance Signature | Date | | |

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