



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
\$UH DQ\ RI WKH FRXUVHV VHOHFWHG GHVLJQDWHG DV 6shUe Service/Leading Office for the appropriate Service ' 12
Learning permission form. Thank you.

TERM: CHECK ONE: ')\$// BBBB BBBB ' ,17(56(0(67(5 BBBB BBBB ' 635,1* BBBB BBBB ' 6800(5 BBBB BBBB
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

' ,QVWUXFWRU¶V SHUPLVVLRQ LV UHTXLHG

' 2WKHU 3OHDVH H[SODLQ BBB

PLEASE NOTE: 6WXGHQWV ZLOO EH DVNHG Waproveal of the course subject in worksho G YLVRU ¶

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