



# 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 Waprovee of the course subject in worksho G YLVRU ¶

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