

Permission to Enroll form

This form serves to allow a student to exceptionally attend a class even though a pre-requisite has not yet been fulfilled. *Please do not confuse this Permission to Enroll form with the "waiver" form.*

Student Information					
Last Name: ID Number: Major(s):		First Name: Expected Graduation Date: Minor(s):			
					Request:
Semester for which permission is to be granted:	Spring □	Summer 🗆	Fall □	Year: 20	
Course Desired:					
Course Number and Section: Course Na		:			
Currently registered course to be dropped, if permission to enrol Student Signature		 Date	6	-	
		⊔ate			
Required Administrative Signatures					
Advisor Please explain why the student should be permit	ted to take the	course without con	npleting the	pre-requisite:	
Advisor Signature		Date		-	
Professor of Course in Question		2 Agrees		② Disagrees	
Professor's Signature		Date		-	
Department Chair:		2 Agrees		2 Disagrees	
Chair Signature		Date			
*Please return to the Registrar's Office for approval and	d internal process	sing.			
Academic Administration		2 Agrees		Disagrees	
Comments:					
Academic Dean Signature		Date		-	

*Note: If permission is granted you will registered for this course by the Registrar's Office. You will <u>not be able</u> to register yourself online. Once the course is registered you will be able to view it on your course schedule.