



PERMISSION TO ENROLL

Office of the Registrar
DS 120

STUDENT NAME: _____ DATE: _____ STUDENT ATHLETE ' YES ' NO

MAJOR: _____ STUDENT ID NUMBER: _____ ANTICIPATED GRAD YEAR: _____

\$UH DQ\ RI WKH FRXUVHV VHOHFWHG GHVLJQDWHG DV SHOULD BE SERVICE/LEARNING OFFICE FOR ENROLLMENT SERVICE mm/yyyy
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 UHTXLUHG