

# PERMISSION TO ENROLL

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

This student has my permission to enroll in the class listed below.

- Beyond the established enrollment limit for the class.
- Without the stated prerequisite.
- As an audit.
- Internship/practicum for \_\_\_\_\_ hours.
- Course meeting time overlap (requires permission of both course instructors).

Course #	Course Title	Semester/Year
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Instructor's Signature	Date
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Submit this form to the Office of the Registrar, Adm. Bldg., Room 20