REQUEST FOR PERMISSION TO ENROLL IN A CLOSED COURSE

(Please attach copy of current Degree Audit and Transcript)

Permission requested for _____

(Course number and section)

Student Name: _____

Student ID Number: _____

Major: _____

Is the requested course a requirement for the major? _____

Is the requested course only offered this semester? _____

For the requested course, has the student completed all prerequisites? _____

Are there any other open sections? _____

Are there any other open courses that would satisfy the same degree requirement? _____

Is the student on track to graduate this academic year? _____ Yes _____ No

Student needs to complete the following courses in the major in order to graduate:

_____

Student needs to complete the following General Education courses in order to graduate:

_____

Student needs to complete the following University requirements in order to graduate:

_____

Please See Reverse

Faculty Adviser's Name: _____
(Please print)

Faculty Adviser's Signature: _____ Date: _____

_____ Recommended, please forward to UPD   _____ Not recommended/Denied

UPD's Name: _____
(Please print)

UPD's Signature: _____ Date: _____

_____ Recommended, please forward to Chair   _____ Not recommended/Denied

Chair's Name: _____
(Please print)

Chair's Signature: _____ Date: _____

_____ Recommended   _____ Not recommended/Denied