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:
_____________________________________________________

Faculty Adviser’s Name: ________________________________
(Please print)

Faculty Adviser’s Signature: ____________________________ Date: _________________

______ Recommended, please forward to UPD ___________ Not recommended/Denied