

REQUEST FOR PERMISSION TO ENROLL IN A CLOSED COURSE

(Please attach copy of current Transcript)

Permission requested for _____
(Course number and section)

Student Name: _____

Student ID Number: _____

Graduate program: _____

Is the requested course a required core course? _____

Is the requested course only offered this semester? _____

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

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 order to graduate:

Faculty Adviser's Name: _____
(Please print)

Faculty Adviser's Signature: _____ Date: _____

_____ Recommended, please forward to GPD

_____ Not recommended/Denied