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