



PERMISSION TO ENROLL

Check intended use(s):

_____ Permission Required _____ Permission to raise section limit (dean or chairperson's signature required)
_____ Prerequisite to be waived (SPECIFY) _____
_____ Audit Instructor requirements/expectations: _____

Student Signature for Audit

To: REGISTRATION AREA

Please allow _____ to enroll in

STUDENT NAME

BANNER NUMBER

CRN

NUMBER

NAME OF COURSE

for the

(FALL, SPRING, SUMMER)

semester

(YEAR)

*

(DEPT/SCHOOL CHAIR/DIRECTOR or DEAN'S SIGNATURE)

(INSTRUCTOR'S SIGNATURE)

(PERMISSION GOOD THRU DATE)