

AUTHORIZATION TO REGISTER FOR A CLOSED/RESTRICTED COURSE

Student Name						
	Last		First			M.I.
Student ID #			Phone a	and email		
Semester:	○ Fall	Spring	⊜ Su	mmer	Year	
This student is au	uthorized to reg	gister for the following clo	osed/restric	ted course:		
Course Prefix		Course Number			Section	
Reason course is	restricted:					
Student Signatur	e				Date	
Instructor Signat	ure				Date	
Department Chai					Date	
Office use o	nly Schedule I	nput		Initials		Date