Permission to Enroll/Change to Audit

Student Name: ___________________________  Student ID Number: ______________________

Term: ___________________  CRN: ____________  Name of Course: _______________________

Check all that apply:

☐ Permission to Audit (Instructor Signature)  ☐ Permission to Enroll After Deadline (Department Signature)
☐ Department Permission (Department Signature)  ☐ Major Restriction (Department Signature)
☐ Instructor Permission (Instructor Signature)  ☐ Permission to Raise Section Limit (Department Signature)
☐ Class/Level Permission (Department Signature)  ☐ Override Time Conflict: _______________________________
☐ Specify prerequisite/Corequisite to be waived (Department or Instructor Signature): _____________________________

________________________________________________________________________________________

X ___________________________________________  Bursar Approval
Department Signature (If Required)  Global Affairs Office
X ___________________________________________  (If Required)
Instructor Signature
X ___________________________________________  Student Signature

Please provide a copy of your photo ID.

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