Permission to Enroll/Change to Audit

Student Name: ___________________________________________
Student I.D. Number: ______________________________________

Term: ___________________ CRN: ____________________ Name of Course: ___________________________________________

Check all that apply:

☐ Instructor/Departmental permission
☐ Permission to raise section limit (Dean or chairperson and instructor signature required)
☐ Class/Level permission
☐ Audit
☐ Override Time Conflict

☐ Prerequisite/Corequisite to be waived (Please specify):

☐ Enroll after deadline (Dean or chairperson and instructor signature required) Date: ____________

☐ Other: ___________________________________________

X____________________________________________________  (Dept., School, Chair/Director, or Dean’s approval)
X____________________________________________________  (Instructor’s Approval)
X____________________________________________________  (Student’s signature)

Bursar Approval
(If Required)

Global Affairs Office
(If Required)