STUDENT PERMISSION FORM

The student indicated below has my permission for the following:

☐ Overtally Permission to register for my course in excess of the enrollment limit
☐ Course Permission to register after the first week of the semester

Student Name __________________________________________________________

Student ID # __________________________

Course Subject Code and Number: _________________________________________

Course Title ____________________________________________________________

CRN ___________________ Credit amount ________________________________

Instructor Name _________________________________________________________

Instructor Signature ____________________________ Date _____________________

Students must submit this written permission to a designated Add/Drop Official (64 West 11th Street) to complete the registration process.