



REQUEST FOR ADMITTANCE TO A "CLOSED" CLASS

Student ID Number: _____

Please Print

SEMESTER (*indicate one*) Fall Spring Summer Session(s) I or II Year _____

Name of Student: _____ Student Signature: _____

Mailing Address: _____

City: _____ State and Zip: _____

Please complete the following: Full-Time Part-Time Admitted Student Non-Matriculated

Student's Classification: Freshman Sophomore Junior Senior Graduate

PLEASE NOTE: DEAN'S SIGNATURE IS REQUIRED FOR "CLOSED" COURSES

CRN#	SUBJECT	SECTION	COURSE TITLE	CREDITS	DAYS	TIME	INSTRUCTOR'S SIGNATURE
Total Credits:				_____			

Justification:

Dean's Signature: _____ **Date:** _____