ENROLLMENT IN A CLOSED CLASS

Semester: (circle one) Summer Term Fall Spring Year ___________
Special permission has been given to
Name: __________________________________________ ID# ____________
  Last                      First
to add my course, _______________________________
                      Subject    Catalog #       Class #  Title
  __________________________________________

________________________________________________________________________
Instructor Signature     Date

Return completed form to Registrar’s Office during first week of class to avoid additional fees or signatures.  08/09
--------------------------------CUT HERE---------------------------------

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