



Office of the Registrar

CLOSED CLASS Authorization Form

Name: _____ ID: _____

E-mail: _____ Phone: _____

I plan on taking this course in the FALL SPRING MAY

This student has my permission to be admitted into the following **closed** class

CRN	Department	Course #	Section #	Title

*Department Chair signature must be from the department of the closed course listed.

Department Chair Signature: _____ **Date:** _____

By signing this form, you are also acknowledging you are overriding any prerequisites.

Required: If you need to drop a course to make room for the closed class in your schedule, please list it below.

CRN	Department	Course #	Section #	Title

Student Signature: _____ **Date:** _____

Signature is authorizing the Add or Add/Drop of the courses listed. If the course is not closed, the student is responsible for registering for the course.