

DATE ISSUED: _____
MUST BE RETURNED BY: _____

COURSE _____ SECTION _____ CREDIT HOURS _____ SEM/YR _____
(Dept. & No.)

STUDENT'S NAME _____ I.D. NO. _____

DATE EXPIRES _____

CLOSED

RESTRICTED CLASS PERMIT

Good through the first week of classes only, or until the first day of class if it begins after week 01.

(Authorized Dept. Signature)

(Date)

LATE ENTRY PERMIT

DATE EXPIRES _____

Mandatory after the first week of classes. The student whose name appears above has requested permission to enter your class late. As the instructor, you are in the best position to judge whether you will be inconvenienced or the student unduly handicapped by this late enrollment. Your signature and the authorized departmental signature on this form indicate that permission is granted for the student to enter your class at this time. **This also authorizes entry into a closed or restricted class.**

(Instructor's Signature)

(Date)

(Authorized Dept. Signature)

(Date)