NOTE: This form must be approved by the advisor and the Graduate School by the last day to register or add a course for the semester in which the course is taken.

PART I: Student and Course Verification

This is to verify that ________________________________  CWID ________________

EMAIL ________________________________

Has permission to enroll in the following course for ____________________________ semester

COURSE ___________ SECTION NUMBER ___________ CALL NUMBER ___________

PART II: Special Permission

Special permission is necessary because:

_____ Need to increase number of hours

_____ This course is taught at the same time that ____________________________ is taught.

_____ Grade type needs to be changed to audit.*

_____ Grade type needs to be changed to pass/fail* (for undergraduate courses only).

_____ Other, please explain below:

________________________________________________________________________

________________________________________________________________________

*Requires approval of instructor

__________________________  ______________________

Instructor  Date

__________________________  ______________________

Advisor  Date

PART III: Graduate School Authorization

Approved by:

__________________________  ______________________

Dean of the Graduate School  Date