

REGISTRAR STAFF ONLY						
Date Received:						
Received By:						
Date Processed:						

Course Enrollment Permission Request

Please complete all required fields in pen. A La deadline; one form is required per course. Dep	•					
LAST:		FIRST:			MI:	
STUDENT ID:		EMAIL:		@floric	dapoly.edu	
STEP 1: Student Must Complete Pr	rior to Si	ignature App	oroval			
nm requesting permission to enroll into the following course for:						
Course Title		Course Prefix	Course Number	Course Section	Credits	
Please select applicable waiver requested and identify course(s): Co-Requisite Waiver: Pre-Requisite Waiver: Pre-req(s) Waived Co-req Waived Co-req Waived						
Independent Study:		ı	pecify			
Student Signature:			DATE:			
STEP 2: Department Chair (Please pro	ovide expla	anation before si	gning.)			
have reviewed this request and it has been: REQUEST DENIED REQUEST APPROVED						
Explanation Required:						
Department Chair Signature:		Date:				