

Name: _____ ID: _____

Course: _____ Semester: _____

Course requires (check one):

- Instructor consent**
The Registrar's Office will register you for this course.
- Prerequisite that has not been met**
The Registrar's Office will register you for this course.
- Closed Class**

Instructor (print): _____

Instructor (signature): _____

To be completed by the Office of the Registrar

Faculty Consent Granted (STPE): _____

Signature: _____ Date: _____