

# COLLEGE OF SCIENCE AND ENGINEERING

## REQUEST FOR ADMISSION TO A CLOSED CLASS

**I request permission to enroll in the following closed course:**

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_ Major: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Islander Email Address: \_\_\_\_\_

Course Title: \_\_\_\_\_ CRN: \_\_\_\_\_

Course Number & Section: \_\_\_\_\_ Semester: \_\_\_\_\_ Class Location: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### APPROVAL (Signatures must be obtained in order)

\_\_\_\_\_  
Academic Advisor (Print) (Sign only if all prerequisite requirements have been fulfilled) \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Admin (Print) (Sign only if room capacity is verified and course is eligible for closed class override) \_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor (Print) (Sign) \_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator (Print) (Sign) \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair (Print) (Sign) \_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Associate Dean (Print) (Sign) \_\_\_\_\_  
Date

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### Office Use Only:

\_\_\_\_\_  
Processor (Print) (Sign) \_\_\_\_\_  
Date

\_\_\_\_\_  
Called (Print) Spoke With Left Message \_\_\_\_\_  
(Circle One) Date