

COLLEGE OF SCIENCE AND ENGINEERING

REQUEST FOR ADMISSION TO A CLOSED CLASS

INSTRUCTIONS:

1. Complete the required information below
2. Have all Pre-Requisite courses checked and certified. *(If student is found lacking any of the prerequisites, request for admission to a closed class, will be automatically denied.)*
3. Obtain all signatures listed below and submit for processing.
4. Register for the course via SAIL.

I request permission to enroll in the below referenced closed course:

Name: _____ ID#: _____

Phone Number: _____ Islander Email Address: _____

Closed Course Name: _____ Call Number: _____

Course Number & Section: _____ Semester: _____

Pre-Requisite courses (obtain from current catalog): _____

Student's Signature: _____ Date: _____

Pre-Requisite courses checked and student certified to have met them by:

_____ Staff Member	_____ Staff Title	_____ Date
-----------------------	----------------------	---------------

APPROVED BY:

_____ Instructor (Print)	_____ (Sign)	_____ Date
-----------------------------	-----------------	---------------

_____ Program Coordinator (Print)	_____ (Sign)	_____ Date
--------------------------------------	-----------------	---------------

_____ Department Chair (Print)	_____ (Sign)	_____ Date
-----------------------------------	-----------------	---------------

_____ Dean/Associate Dean (Print)	_____ (Sign)	_____ Date
--------------------------------------	-----------------	---------------

_____ Processor (Print)	_____ (Sign)	_____ Date
----------------------------	-----------------	---------------