



## REQUEST FOR ADMITTANCE TO A "CLOSED" CLASS

Student ID Number: \_\_\_\_\_

Please Print

**SEMESTER** (indicate one) Fall  Spring  Summer Session(s)  I or II  Year \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

**Please complete the following:** Full-Time  Part-Time  Admitted Student  Non-Matriculated

**Student's Classification:** Freshman  Sophomore  Junior  Senior  Graduate

**PLEASE NOTE: DEAN'S SIGNATURE IS REQUIRED FOR "CLOSED" COURSES**

CRN#	SUBJECT	SECTION	COURSE TITLE	CREDITS	DAYS	TIME	INSTRUCTOR'S SIGNATURE
<b>Total Credits:</b>				_____			

**Justification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dean's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_