

Permission to Enroll/Change to Audit

*To receive permission for College of Business courses,
students must meet with a College of Business advisor*

Student Name: _____ **Student ID Number:** _____

Term: _____ **CRN:** _____ **Course Subject:** _____ **Course Number:** _____

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Permission to Audit (Instructor Signature) | <input type="checkbox"/> Permission to Enroll After Deadline (Department Signature) |
| <input type="checkbox"/> Department Permission (Department Signature) | <input type="checkbox"/> Major Restriction (Department Signature) |
| <input type="checkbox"/> Instructor Permission (Instructor Signature) | <input type="checkbox"/> Permission to Raise Section Limit (Department Signature) |
| <input type="checkbox"/> Class/Level Permission (Department Signature) | <input type="checkbox"/> Override Time Conflict: _____
Instructor Signature for first class |
| <input type="checkbox"/> Specify prerequisite/Corequisite to be waived
(Department Signature): _____ | _____
Instructor Signature for second class |

X _____
Department Signature

X _____
Instructor Signature

X _____
Student Signature

Bursar Approval (If Required)	Global Affairs Office (If Required)
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Please provide a copy of your photo ID.