

Request for Admission to a Closed Class

STUDENT'S NAME _____ STUDENT I. D. # _____

STUDENT'S EMAIL ADDRESS _____

FALL SPRING SUMMER YEAR: _____ DEPT. _____ COURSE # _____ SECTION # _____

STUDENT'S REASON FOR REQUEST: _____

STUDENT SIGNATURE _____

DATE _____

ACADEMIC ADVISOR SIGNATURE _____

(For 1st semester freshman only)

DATE _____

AUTHORIZED SIGNATURE FOR CLOSED CLASSES _____

DATE _____

* check below

***Please consult the list below to determine if the closed class you wish to add requires the Department Chair's or Instructor's signature, in addition to your academic advisor's signature.**

CHAIR'S SIGNATURE REQUIRED FOR:

BUSINESS
CARMEL LIVING & LEARNING CENTER
CONSERVATORY/MUS & MUL
CRIMINAL JUSTICE
DANCE
ECONOMICS
EDUCATION
FOREIGN LANGUAGE
HEALTH /PHYS. ED
HISTORY
INTERNATIONAL STUDIES
LIBERAL ARTS & SCIENCES (LAS)
RELIGION
SOCIOLOGY
SUSTAINABILITY
THEATRE

INSTRUCTOR'S SIGNATURE REQUIRED FOR:

ART – ART HISTORY
ASTRONOMY
BIOLOGY/GEOLOGY
CHEMISTRY
COMMUNICATION ARTS & SCIENCES (CAS)
COMPUTER SCIENCE
HONOR'S PROGRAM
LEARNING CENTER
MATH
PHILOSOPHY
PHYSICS
POLITICAL SCIENCE
PSYCHOLOGY