

Chemistry and Biochemistry

REQUEST FOR ADMISSION TO A CLOSED CLASS

INSTRUCTIONS:

1. Complete the required information below
2. Obtain all signatures listed below and submit for processing.
3. Register for the course via SAIL.

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

Name: _____ A#: _____

Phone Number: _____ Islander Email Address: _____

Closed Course Name: _____ CRN: _____

Course Number & Section: _____ Semester: _____

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

Student (Print)

(Sign)

Date

APPROVED BY:

Instructor (Print)

(Sign)

Date

Program Coordinator (Print)

(Sign)

Date

Processor (Print)

(Sign)

Date