DAEMEN COLLEGE

PERMISSION TO ENROLL

STUDENT NAME: _____ **DATE:** _____ **STUDENT ATHLETE** ‘ YES ‘ NO

MAJOR: _____ **STUDENT ID NUMBER:** _____ **ANTICIPATED GRAD YEAR:** _____
mm/yyyy

Are any of the courses selected designated as Service Learning? If yes, see the Service/Learning Office for the appropriate Service **Learning permission form. Thank you.**

TERM: CHECK ONE: ‘ FALL _____ ‘ INTERSEMESTER _____ ‘ SPRING _____ ‘ SUMMER _____
                      Year   Year   Year   Year

CHECK ONE OR MORE OF THE FOLLOWING AS APPROPRIATE: I am requesting permission to:
‘ Enroll in a closed course
‘ Waive the course prerequisite and/or corequisite
‘ Instructor's permission is required
‘ Other Please explain _____

PLEASE NOTE: Students will be asked to provide the course syllabus and/or worksheet.

	DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR
COURSE:						
COURSE:						
COURSE:						
COURSE:						
COURSE:						