

ADD STUDENT TO CLOSED CLASS REQUEST



Student Name _____ ID # _____ Date _____

Course ID # _____

Course Name _____

Instructor Name _____

Fall Spring SS I SS II WEC SS

Although my class is closed at _____ students, I am willing to admit this student and overload the class to _____.

Faculty Signature _____

___ RO approval - there are enough seats in the classroom.

Please return this form to the Registrar's Office.

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