

**Enrollment Services  
 Registration Permission**

**\*Registration Term & Year:** \_\_\_\_\_

**Submission of this form does not guarantee placement in the class. Students should confirm by review of their schedules.**

\*Name: \_\_\_\_\_ \*MICA ID#: \_\_\_\_\_

MICA E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_

Major: \_\_\_\_\_ Minor/Concentration: \_\_\_\_\_

Level (circle one):      Freshman                      Sophomore                      Junior                      Senior  
    Post-Bac                      Graduate                      Non-Degree  
    Continuing Studies      Visiting - Exchange/Co-op

Class ID#	Dept	Course #	Sec	Class Title	Crns	Day	Time	Instructor

As the class instructor/advisor/department chair, I give permission for Enrollment Services to perform only the following selected actions (Please **Initial** each selection):

- \_\_\_\_\_ Grant permission for a permission-only course (includes ED courses)
- \_\_\_\_\_ Overload this class section beyond current capacity
- \_\_\_\_\_ Waive the pre-requisites for this course
- \_\_\_\_\_ Waive class level restriction
- \_\_\_\_\_ Waive a time conflict. (i.e. Two classes on the same day and time)
- \_\_\_\_\_ Waive major/minor/concentration restriction

\_\_\_\_\_  
 Chair/ Instructor Signature                      Date  
**YOU MUST ALSO INITIAL ABOVE**

\_\_\_\_\_  
 Enrollment Services    Date

\_\_\_\_\_  
 Student Signature    Date