*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

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<th>Course #</th>
<th>Sec</th>
<th>Class Title</th>
<th>Crs</th>
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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  Enrollment Services            Date

YOU MUST ALSO INITIAL ABOVE

_________________________________________
Student Signature   Date