

**PERMISSION TO ENTER CLOSED or SPECIAL PERMISSION COURSE (other than Directed Study)
(To be attached to student schedule and submitted by the student at registration)**

Date: _____

Semester: Fall Spring Summer Year: _____

UWF I.D. Number	Last Name	First	M.I.
Reference Number	Course Prefix & Number	Hours	Instructor's Name (PRINTED)

PERMISSION TO ENTER (check one):

CLOSED SECTION (other than waiting list)

SPECIAL PERMISSION COURSE _____ (Authorization Code)

CLOSED SECTION OF SPECIAL PERMISSION COURSE _____ (Authorization Code)

DEPARTMENTAL WAITING LIST

Signature of Instructor or Departmental Chairperson

Rev. 2007

<p>REQUIRED FOR SERVICE LEARNING COURSES</p> <p>_____ Signature of Director, Volunteer UWF</p>
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