Student Notified_____
Date: _____

GVSU DEPARTMENT OF PHILOSOPHY
REQUEST TO ENROLL IN CLOSED CLASS
Complete and return to Philosophy Department Office

STUDENT INFORMATION: ____Approve _____Decline

| _____ | _____ | _____ |
|---|---|---|
| Name | G Number | E-mail address or phone number |
| _____ | _____ | _____ |
| Major/Minor | Estimated # of credits completed | Projected Graduation Date |

| SEMESTER | COURSE SUBJECT | COURSE NUMBER | COURSE SECTION | CRN# | COURSE INSTRUCTOR | INSTRUCTOR APPROVAL |
|---|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Specific reason why course is needed _____

_____

To request a closed class permit waiver, a student must fill out this form and return to the Philosophy Department, or fax it to 616-331-2601. Department Chair will review request and determine waiver. Student will be contacted by e-mail or phone if approved or declined. If approved, the will enter student permission into Banner (student must then register for the course).