Closed Class Permit Request Sociology Department

Student Name: Email: Phone #:				Student No.: G Major: Minor:								
							COURSE: _	SOC				
								Dept.	Course No.	Section No.	CRN Number (Mandatory)	Semester/Year
							the following a Attach a c Adding the quality of t There is p course cap All other s	apply. Instruction opy of your student to the class for hysical roopacity – facections of t	actor – please ve degree evaluati the class will no r the other stude m in the assigne culty can see offic the course are cle	rify and check o on – printed out of place undue d ints. d classroom for ce coordinator fo osed	ff each criterion. from Banner. emands on the facult the student (i.e.; num or this information).	epartment chair's approval, when all of try's instructional time nor compromise the observation of chairs is greater than the official build warrant an exception:
example, t it is does r	the student not suffice t unless there	has met all othe to say that the co	r requirements f ourse is a prereq	for graduation). Specularity Specularity or countries for another	course until a subsequent semester (for sify the reason in concrete detail. Note thause or that it is required for admission to a udent could not meet this requirement in a							
	year stude	completed all the completed the ster/Yr		uisites before taking or this course:	the course							
			-	Instructor's Signature	<u> </u>							
				Print Instructor's Nan	ne							
Turn in the cor of your reques					H. You will be notified of the approval status							
Not app	oroved			t Chair's Use Only -								
		ed and entered in	nto Banner	Email sent								