



Closed Class Permit Request

Permit Request Date: _____ Semester: _____

Course Number: _____ Section: _____ CRN: _____

Name: _____ G Number: _____

Email Address: _____ Major: _____ Minor: _____

Number of Credits you will have completed at the end of this semester: _____

Uncompleted courses in this major/minor that require this statistics course as a prerequisite:

Please note: If you are currently registered for another section of this course, this request will not be approved by the Chair unless you have a very compelling reason for switching sections.

Reason (explain why you need the class this semester/year): _____

Faculty Signature for Permit Approval: _____

Unit Head Signature for Permit Approval: _____

**You will receive email notification of the final decision.
If approved, you will be able to register for the course on-line.**