

Permission to Enroll Undergraduate Student in Graduate Course

(Please Print Legibly)

Name:				SID#:		DOB:	
UWP Email Addre	vee.	First		M.I. Phone Number:	()		
OWF Liliali Addie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Flione Number.	()		
Instructions to	Student:						
1. Please comp	plete all inf	ormation.					
2. Bring this fo	orm with th	ne required s	ignature(s) to the Office of the Reg	istrar (WYL	L D187).	
PERMISSION T	TO ENRC	DLL IN:	TERM:_	YEA	R:		
Class	informati	on:					
Class #	Dept.	Course #	Section	Course Title	L	Indergraduate in Graduate Course	
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