

Permission to Enroll in Courses with Lecture, Discussion &/or Laboratory

(Please Print Legibly)

Name: _____ SID#: _____ DOB: _____
Last First M.I.

UWP Email Address: _____ Phone Number: () _____

Instructions to Student:

1. Please complete all information.
2. Bring this form with the required signature(s) to the Office of the Registrar/Student Records.

PERMISSION TO ENROLL IN: TERM: _____ YEAR: _____

Class information:					Override approved:		
Class #	Dept.	Course #	Section	Course Title	Prerequisite	Instructor Consent	Closed Class
	Discussion		D_____				
	Laboratory		L_____				

** This permission does NOT override time conflicts with classes already on your schedule. You must submit a Time Conflict Permission Form to override a time conflict.*

I understand that processing this request may produce a balance owed and it is my responsibility to contact the Cashier's Office and determine what charge, if any, has been added to my account. I realize that a hold will be placed on my student record unless the balance is paid by the due date established by the Cashier's Office.

Student's Signature

Date

***** This form must be submitted to the Office of the Registrar within 5 days of Instructor Approval. *****

Instructor's Approval:

Important! Choose the appropriate override approval above. **If left blank, approval of all overrides will be applied.**

Lecture: _____
Signature **Date**

Discussion: _____
Signature **Date**

Laboratory: _____
Signature **Date**

Office Use Only: Date processed: _____ Initials: _____