

CLOSED CLASS

Please admit _____

Student ID No. _____

To the following closed class:

REFERENCE NO. _____ COURSE _____

DATE _____ INSTRUCTOR _____

APPROVAL (required):

DATE _____ APPROVAL AUTHORITY _____

VOID

TRANSFER

Please transfer _____

Student ID No. _____

From:

REFERENCE NO. _____ COURSE _____

To:

REFERENCE # _____ COURSE _____

DATE _____ DEPARTMENT HEAD _____

I WAS TRANSFERRED

From: COURSE REFERENCE #
To: COURSE REFERENCE #
By: APPROVAL AUTHORITY

CLOSED CLASS

This portion is to give permission for a student to enter a class that is full or which has a controlled enrollment. Registrar must process this enrollment prior to the next scheduled class meeting.

VOID

TRANSFER

Students must process through the Registrar's Office when transferring from one class/section to another.