



Request for Permission to Enroll in Restricted Business Classes

Student ID Number Last name First name

Department Chair Signature email My Adviser Is:

I am

Class # 1 Dept. Chair Decision

Course Alpha Course Number Section CRN **CRN is REQUIRED for each class**

Why do you need permission to enroll in this class?

Reason

Comments

Class # 2 Dept. Chair Decision

Course Alpha Course Number Section CRN **CRN is REQUIRED for each class**

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Class # 3 Dept. Chair Decision

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Class # 4 Dept. Chair Decision

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Class # 5 Dept. Chair Decision

Course Alpha Course Number Section CRN **CRN is REQUIRED for each class**

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Class # 6 Dept. Chair Decision

Course Alpha Course Number Section CRN **CRN is REQUIRED for each class**

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Department
Chair Comments

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