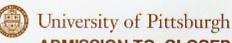
To be admitted to a Closed Class or a Restricted Class, the student must have this form completed and signed by the Instructor ( if required by department ) and the department chairperson. When approved by the department chairperson, deliver to the Registration Center with Registration Form or Add / Drop Form.



## ADMISSION TO CLOSED CLASS OR RESTRICTED CLASS

Please print clearly	SELECT ONE YEAR
Social Security Number	UNDERGRADUATE FALL  O1  SPRING  GRADUATE  O2  SUMMER
Student Name ( Last, First, M. I. )	Academic Center in which student is enrolled
HAS PERMISSION TO ENTER A: CLO	SED CLASS RESTRICTED CLASS
CRN Subject	Course Number Course Title
PLEASE NOTE: Issuance of this form may cause this section to exceed the enrollment limit. Admission to associated lab, recitation, etc., must be approved on a separate form if it too is closed or restricted.	
Instructor's Signature (If Required)	Date
Department Chairperson's Signature	Date