

# Permission Number Request Form

## Student Information

Name of student:  Student ID:

Academic year:  Projected grad. date:

Major(s)/Minor(s):  Email:

## Course Information

Course Name and Number:

Required or Elective?

If elective, list alternative options if any:

Reason for taking online class:

Course Conflict

Athletics

Full Class

Offered Only Online

Other

What course? \_\_\_\_\_

Sport: \_\_\_\_\_

Do you have instructor consent? \_\_\_\_\_

*If so please include instructor email or signature*

Are seats available? \_\_\_\_\_

Explain: \_\_\_\_\_

Additional Details: \_\_\_\_\_

Advisor Signature:

Date:

## For Departmental Office Use Only

Date Submitted to the Dept: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

Details: \_\_\_\_\_

Permission number issued: \_\_\_\_\_

EOAS Initials: \_\_\_\_\_