

FACULTY “PERMIT” TO ADD
(Overrides all course restrictions and enrollment limits)

TO: Department/Division Chair

FROM: _____
 NAME OF INSTRUCTOR
(Please Print)

I am requesting that the student(s) listed below be “permitted” to add my course.

 COURSE NUMBER SECTION QUARTER

Please inform students that they have 3 days to register for this course through STAR or GET.

ATTENTION STUDENTS
 Complete this form only if you:

- are admitted to the University
- have paid all fees in advance
- have cleared all HOLDS
- are NOT enrolled in another section of the same course

Permits to register from an instructor are contingent upon space availability. It is the student’s responsibility to enroll in this course through STAR or GET, not the division office. Permits not used will automatically expire after 3 days and can only be renewed by the instructor.

STUDENT NAME <i>(Please Print)</i>	CIN#	STUDENT NAME <i>(Please Print)</i>	CIN#
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

Before submitting this list, please note:
 Please submit this form to your department or division office immediately after the class meeting to allow sufficient time for processing.
****Forms submitted by students will not be accepted.****

Signature of Course Instructor

Date