California State University, Los Angeles

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.

STUDENT NAME *(Please Print)*	CIN#	STUDENT NAME *(Please Print)*	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*