Adding Students to Closed Classes

Purpose: To add students into closed classes.

Department __________________________ Date __________________________

I hereby grant permission to add __________________________, __________________________

Student Name Student ID#

to __________________________, which is closed.

Course/Section/CRN#/Credit Hours

________________________________
Student Academic Advisor Signature

________________________________
Instructor Signature

________________________________
Department Chair Signature (Where Course is offered)

________________________________
School Dean Signature (Where Course is offered)

Total Semester Credits _________

Steps that the student take in processing this form: 1) Obtain the form from Web Student Forms; 2) Obtain Student’s Academic Advisor’s Signature; 3) Secure signature of Instructor, Chair, and School of Dean where the course is offered; 4) Sign form; 5) Deliver form to the Registrar’s Office.

________________________________
Student’s Signature

________________________________
Student’s Phone Number

________________________________
Date

Revised 7/02/18