



## PERMISSION TO REGISTER

**Please type or print clearly.**

**Student Information:**

Student: First and Last Names \_\_\_\_\_ PID \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_ Biology Advisor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Course Name: \_\_\_\_\_

Course No.: \_\_\_\_\_ Course Section: \_\_\_\_\_ Registration #: \_\_\_\_\_

Registration Appt. Date/Time \_\_\_\_\_

Instructor: \_\_\_\_\_

- I have completed the required pre-requisites to register for this class
- I took these prerequisites at another school (transfer credit).
- I am repeating this course because: \_\_\_\_\_
- I have contacted the Instructor to discuss my desire to register for this class

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*  
**Approval Signature**

**Instructor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Chairperson, Department of Biology**

Approved       Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved. Reason: \_\_\_\_\_