



## PERMISSION TO REGISTER

This is a fillable form. If filling out a paper version, please print clearly. Completed forms may be sent to the Undergraduate Program Director (ChemistryUPD@luc.edu) to request a meeting.

### Student Information:

\_\_\_\_\_  
Student: First and Last Name

\_\_\_\_\_  
LUC ID Number

\_\_\_\_\_  
E-mail Address @luc.edu

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Telephone or Cell Number

Course Subject: **Chemistry (CHEM)** Course Number: \_\_\_\_\_ Semester: \_\_\_\_\_ 20\_\_\_\_

**\*\*\*STUDENTS MAY ONLY BE ENROLLED INTO OPEN CLASS SECTIONS\*\*\***

Preferred Section Number: \_\_\_\_\_ 4-digit Class Number: \_\_\_\_\_

Discussion Section Number (if applicable): \_\_\_\_\_

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

I have completed the required pre-requisites to register for this class here at LUC.

I took these prerequisites at another school (transfer credit).

I am requesting to retake this course because: \_\_\_\_\_

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date:

\*\*\*\*\*

### Approval Information:

\_\_\_\_\_  
Chairperson/Assistant Chairperson/Undergraduate Program Director Signature,  
Department of Chemistry & Biochemistry

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

\_\_\_\_\_  
Date:

Additional comments (optional)