PERMISSION TO REGISTER

Please type or print clearly.

Student Information:

_________________________________________  PID
Student: First and Last Name

_________________________________________  E-mail Address
Date of Birth

_________________________________________  Academic Advisor
E-mail Address

Telephone or Cell Number

Course Subject Name: Chemistry

***STUDENTS MAY ONLY BE ENROLLED INTO OPEN LECTURES AND DISCUSSIONS

Course Lecture No.: ________________  Course Section No.: ________________
Class Number __________  Discussion Number __________  Semester ________________
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 __________________________________  Date __________________________

Approval Signature

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

_________________________________________  Date: __________________________
Printed Name