



PERMISSION TO REGISTER

Please type or print clearly.

Student Information:

Student: First and Last Names _____ PID _____

Date of Birth _____ E-mail Address _____ Chemistry or Advisor in Sullivan _____

Telephone Number _____

Course Name: _____

Course No.: _____ Course Section: _____ Registration #: _____

Registration Appt. Date/Time _____ 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

Printed Name Date: _____

Approved Entered By: _____ Date: _____

Not Approved. Reason: _____