



## PERMISSION TO REGISTER

Please type or print clearly.

### Student Information:

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

PID \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Chemistry 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 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

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

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