

## **Faculty Authorization Form – Permission Numbers**

Use this form to receive permission from the faculty to enroll in a course that has restrictions and/or is closed.

To be completed by student:				
Student ID:	Student Name:			
Expected Graduation Term: Check one:	April August	December	Year (ex. 2019)	
Course Requested:				
TERM SUBJECT CODE (Ex: Fall 2018) (Ex: ST	CATALOG NO.  (Ex: 02	CLASS SECTIC	ON NO. CLASS NO. Ex: 7510) (Ex: 12345)	
To be completed by faculty:				
I understand that this student was not abl	le to register for this co	urse for one or n	nore of the reasons checked below:	
Course is restricted to specific academic plan		Course is restricted to specific academic level		
Student has not met the prerequisites		Class section is closed		
Section has reserved seats				
I am authorizing the student to redepartment maximum. Further, I understa	•	•	s not reached the classroom and/or e the class size by (1) one.	
I am not authorizing the student	to register in the cours	se.		
Signature of Faculty (Printed Name)		Date		
Please return the completed form to the s	student for processing a	as soon as possib	le.	

## NOTE:

- 1. Faculty cannot register students. The request must be processed and approved by CGS Academic Affairs.
- 2. The permission, if granted, only enables the student to register in the above mentioned course only.
- 3. The student MUST be on the waitlist for the request to be processed.
- 4. If the waitlist is full, the student will not be allowed to enroll in the class.