



Request to Enter a Closed Section

DATE: _____

STUDENT ID: _____ DATE OF BIRTH: _____

STUDENT NAME: _____

STUDENT PHONE NUMBER: () _____ - _____

MAJOR: _____

CLASS LEVEL: _____ CREDITS EARNED: _____ CUMULATIVE GPA: _____

COURSE NUMBER AND NAME: _____

LECTURE AND/OR LAB SECTION: _____

REASON: _____

STUDENT SIGNATURE

DATE

INSTRUCTOR SIGNATURE

DATE

DEPARTMENT CHAIR SIGNATURE

DATE

Please return this form to the Department Assistant for the course for processing