



Permit to Register in a Closed Class

ATTENTION FACULTY, STAFF, AND STUDENTS: PLEASE READ CAREFULLY

You must be **extremely accurate** when completing this form. If you write down an incorrect class number, student EMPL ID, or if the student is placed in an unauthorized excess load situation, this request will not be processed. If the student has a hold on their account that prevents enrollment, this request will not be processed. The students with these holds must address the holds **before** this request will be processed. If the student has not met the appropriate prerequisites, this request will not be processed. It is the responsibility of the student to check their study list on the student self-service module within 48 hours to be sure that this request was processed.

Student's Name _____ Date _____

Student ID _____ Student Email _____

Semester Fall _____ Spring _____ Summer _____ Year: _____

Course Number & Title _____
(Example: ENGL 110 - College Composition I)

Class Number _____ Number of Credits _____ Permission # _____
(Examples: 13456, 8475, 19985, 5633, etc.) (For Variable Credit Classes) (If Applicable)

1. If this request is being made during registration or pre-registration, it will only be accepted for graduation purposes. The signature of the instructor **OR** department chairperson is required. If the class is not required for graduation, the student must follow the waitlist process described in the catalog.
2. If this request is being made *after* the first day of class, the signature of the class instructor is required. However, the department chairperson or Associate Provost may sign this form if the instructor is not available for signature purposes.

The Permit to Register in a Closed Class must be returned to Academic Records DSU faculty or staff in person, via campus mail, or sent to dsu.records@dickinsonstate.edu. If the student is not enrolled, Academic Records will send an email to the student and the appropriate department administrative assistant.

THIS FORM WILL NOT BE ACCEPTED FROM THE STUDENT.

Signature of Instructor – *indicates approval* Date

Signature of Department Chairperson – *indicates approval* Date

Completed by Academic Records Name _____ Date _____

____ Student successfully registered in the requested course.

____ Student was not registered for the following reason(s):

____ Academic or Business Office hold prevented registration

____ Prerequisites have not been met OR registering would cause an Excess Load situation
(the appropriate form should be submitted to avoid this issue)

____ Other as Explained: