Approval to Register in a Closed Online Section



Student Information			
Student ID	Last name	Fi	irst name
Follow the steps in the orde	er listed.		
1. To Be Completed I	by Student		
Class Information			
Term and year	Course and section	Instructor	
Reason for needing this co	ourse		
I request permission to reg	gister in a closed online section of th	nis course.	
Student's printed name		Signature	Date
2. To Be Completed	by the Student's Academic	: Advisor	
-	gistration limit of 20 students in an		se and register the student. Enrollment
Advisor's printed name		Signature	Date
3. To Be Completed	by Dean of the Course		
I approve registration in a	closed online section of this course	(if not, please alert the st	udent).
Deans's printed name		Signature	Date
4. To Be Completed	by Vice President for Acad	emic Affairs	
I approve registration in a	closed online section of this course	(if not, please alert the st	udent).
VPAA's printed name		Signature	Date
5. To Be Completed	by Office of the Registrar		
Student is registered in a d	closed online section of this course.	Current enrollment	
Registrar's printed name		Signature	Date