## **Registration Permission**



Legal Name / if different from preferred name /  ID /
Mica Email /
MICA Email /
Academic Level /
junior senior  post-bacc graduate  Course Information  Semester and Year /  Department /  Class ID / Course # / Section # / Five-Digit Class ID Section  Department Three/Four-Digit  Course Title /  Instructor /
Course Information  Semester and Year /  Department /  Class ID / Five-Digit Class ID Section  29022 CE 200 .01  Class ID / Five-Digit  Course # / Three/Four-Digit  Course Title /  Instructor /
Course Information  Semester and Year /
Semester and Year /
Department /
Class ID / Course # / Section # /  Five-Digit
Course Title /
Course Title /
Day and Time /
Student Signature / Date / Students should confirm by review of their schedule.
Course Instructor / Initial all that apply
Overload this course Waive a class level restriction
Waive a time conflict Waive the pre-requisites By initialing and signing, you
Grant permission (for a Waive a major / minor / give permission for Enrollment concentration restriction Services to perform <b>only</b> the selected actions.
Print Name / Dept /
Signature / Date /
Enrollment Services /