

Enrollment Services Registration Permission

***Registration Term & Year:** _____

Submission of this form does not guarantee placement in the class. Students should confirm by review of their schedules.

*Name: _____ *MICA ID#: _____

MICA E-mail: _____ Phone # _____

Major: _____ Minor/Concentration: _____

Level (circle one): Freshman Sophomore Junior Senior
 Post-Bac Graduate Non-Degree
 Continuing Studies Visiting - Exchange/Co-op

Class ID#	Dept	Course #	Sec	Class Title	Crns	Day	Time	Instructor

As the class instructor/advisor/department chair, I give permission for Enrollment Services to perform only the following selected actions (Please **Initial** each selection):

- _____ Grant permission for a permission-only course (includes ED courses)
- _____ Overload this class section beyond current capacity
- _____ Waive the pre-requisites for this course
- _____ Waive class level restriction
- _____ Waive a time conflict. (i.e. Two classes on the same day and time)
- _____ Waive major/minor/concentration restriction

 Chair/ Instructor Signature Date
YOU MUST ALSO INITIAL ABOVE

 Enrollment Services Date

 Student Signature Date