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**Student Name:** \_\_\_\_\_

**UID:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Course Information**

**CRN#:** \_\_\_\_\_

**Course Prefix/Number:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**By signing this form, you are confirming your approval for the above student to be permitted to enroll in this closed section of your class.**

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date