

Department of Biological Sciences
Permission to Enroll in Class Form

Semester: _____

Please print clearly:

(Student's Name, please print)

(Banner number)

(e-mail address)

(Phone number)

has my permission to enroll in BSCI _____
(Course Number)

(CRN Number)

(Instructor's Signature)

(Printed)

(Date)

I understand that I am enrolling in this course without the necessary prerequisites. I further understand that the course may contain material for which I am not fully prepared and because of this I must assume responsibility for the material covered in the prerequisite course(s)

(Student's Signature)

(Date)