

## ADMISSION TO CLOSED OR RESTRICTED CLASS REQUEST



<b>Student's:</b>	<b>PSID #</b>	<b>Name</b> [Last, First, MI]	<b>Email</b>	
<b>Subject &amp; Number</b> <small>i.e. NURNP 2028</small>	<b>Course Title</b>	<b>Class #</b> <small>(5 digit i.e. 23456)</small>	<b>Term /Year</b> <small>Fall, Spring, Summer</small>	

**Reason for override:**

- |   |   |
|---|---|
| <input type="checkbox"/> Consent [ <i>dept. or instructor/faculty</i> ]       | <input type="checkbox"/> Requisites [ <i>pre-or co-reqs not met</i> ]   |
| <input type="checkbox"/> Closed class [ <i>over limit, restricted, etc.</i> ] | <input type="checkbox"/> Time Scheduling Conflict                       |
| <input type="checkbox"/> Career restrictions                                  | <input type="checkbox"/> Unit Load [ <i>term max credits exceeded</i> ] |

**Faculty:** *Please print name*

**Date:**

**Approved**    **Denied**    *Faculty Signature:*

                    

***Please return above completed form to  
Student Affairs & Alumni Relations  
240 Victoria Building***

**Permission Number**, assigned by SAAR staff

\_\_\_\_\_ Student emailed on \_\_\_/\_\_\_/\_\_\_

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