

**ADD STUDENT TO CLOSED CLASS REQUEST**



Student Name \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Course ID # \_\_\_\_\_

Course Name \_\_\_\_\_

Instructor Name \_\_\_\_\_

Fall       Spring       SS I       SS II       WEC SS

Although my class is closed at \_\_\_\_ students, I am willing to admit this student and overload the class to \_\_\_\_.

Faculty Signature \_\_\_\_\_

\_\_\_ RO approval - there are enough seats in the classroom.

*Please return this form to the Registrar's Office.*

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