

REQUEST FOR PERMISSION TO ADD A COURSE

Name: _____ Major: Social Work

ID: _____ Local Ph: _____ Email: _____

Course Number: _____ Section: _____ Days/Time: _____

Semester: _____ /Year: _____
Student Signature

I. **The course is closed—only permission from instructor is needed.**

Instructor's Signature Date: _____

II. The student **lacks course prerequisites or corequisites**, (i.e., majors only, seniors only, a particular prerequisite course, etc.), a recommendation must first be made by the instructor of the course, followed by the recommendation of the chair of the department.

Instructor's explanation for the recommendation (**required**):

III. Enrollment in this course creates a time conflict with another course in which the student is enrolled.

Instructor's explanation for the time overlap will be resolved (**required**):

Instructor's Signature Date: _____

Department Chair's Signature (Required if prerequisites/corequisites have not been met or on time conflict override) Date: _____

Approval of the Dean (Required only on time conflict override) Date: _____