

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

CWID: \_\_\_\_\_

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

Academic Term (check one): \_\_\_\_\_ Summer \_\_\_\_\_ Winter

Session (check one): \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ Other

Course Information (one course section per form):

Subject (e.g. ACCT) \_\_\_\_\_ Number (e.g. 301B) \_\_\_\_\_ Class Number (5-digits) \_\_\_\_\_

Why do I need a permit? Check each reason that applies below.

<input type="checkbox"/>	<p><b>Course Prerequisite Documentation:</b> To demonstrate prerequisites completed outside of CSUF. Attach unofficial transcripts with your message. Course is open now? _____ Yes _____ No</p>
<input type="checkbox"/>	<p><b>Closed/Waitlisted Sections:</b> Submit request on the designated date after waitlists have expired per OU Dates &amp; Details; <a href="#">OU Summer</a>; or <a href="#">OU Winter</a>.</p>
<input type="checkbox"/>	<p><b>Late Enrollment Periods:</b> During the Late Enrollment Periods noted at <a href="#">OU Summer</a>; or <a href="#">OU Winter</a>.</p>

**Student Comments**

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Academic Dept Use Only - Please submit this completed form back to the student email provided or notify the student by email directly of the permit decision.

Academic Dept Staff Name \_\_\_\_\_

Date \_\_\_\_\_

<p>Permit Placed _____</p>	<p>Permit Denied _____</p> <p>Comments: _____</p>
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