

PERMIT TO REGISTER FOR A COURSE (GRADUATE)

SCHOOL OF ENGINEERING AND APPLIED SCIENCE
University of Pennsylvania

To the Student: Please complete and return this signed form to the SEAS Office of Research and Academic Services, 109 Towne Building.

Expected Graduate Date: _____

Today's Date: _____

Name of Student: _____

Penn ID #: _____

Email Address: _____

Tel Num: _____

Major: _____

Faculty Advisor Name: _____

PERMIT TO REGISTER FOR A COURSE: (please check only one)

- Please allow this student to register for my Restricted Enrollment Course.
- Please allow this student to register for my closed course.
- Please allow this student to **late** add my course (after the second week of the semester).
- Please allow this student to **retroactively** add my course (course that was taught in a previous semester).
- Other: _____

Course: _____ **Semester:** _____ **Instructor:** _____
 DEPT NUMBER SECTION

Signature of Course Instructor: _____

Print Name: _____ Email: _____

PERMISSION TO REGISTER FOR A COURSE WITH TIMECONFLICT:

- Please allow this student to register for my course with a time conflict with another course.

Course 1: _____
 DEPT NUMBER SECTION

Instructor Signature: _____

Course 2: _____
 DEPT NUMBER SECTION

Instructor Signature: _____