To the Student: Please complete and return this signed form to the SEAS Office of Academic Programs, 111 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 TIME CONFLICT:

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

Course 1: ____________________________ Instructor Signature: __________________________

DEPT NUMBER SECTION

Course 2: ____________________________ Instructor Signature: __________________________

DEPT NUMBER SECTION

Revised 9/17/2009