PERMIT TO REGISTER FOR A COURSE (UNDERGRADUATE)
SCHOOL OF ENGINEERING AND APPLIED SCIENCE
University of Pennsylvania

To the Student: Please complete and return this signed form to the SEAS Office of Academic Programs, 111 Towne Building.

Term Degree Expected: ____________________________ Today’s Date ____________________________

Name of Student: ____________________________ SID Num: ____________________________

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).

☐ Please allow this undergraduate student to register for my graduate course*

☐ Other: ___________________________________________________________________________

Course: ___________ ___________ ___________ Semester: ___________ Instructor: ____________________________

DEPT NUMBER SECTION

Signature of Course Instructor: ___________________________________________________________________

Print Name: ____________________________ Email: ____________________________

* SEAS seniors in general may enroll in any 500 level SEAS course without instructor permission. Some 500 level courses however may exercise the prerogative to require permission of the instructor. All CIS and BE 500 level courses require instructor permission.

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 9/15/2005