

REQUEST FOR CLASS ENROLLMENT

NAME: _____ STUD ID# _____

STUDENT E-MAIL ADDRESS _____

STUDENT TELEPHONE _____

COURSE TITLE: _____

COURSE (i.e.: ACT 212) _____

SECTION _____

CLASS NUMBER _____

DATE _____

STUDENTS SIGNATURE _____

CCB REVIEW

Student (DOES) (DOES NOT) meet prerequisites Currently Enrolled In prerequisite

CCB Personnel Signature _____

Note: If student does not meet prerequisites, they must petition for a waiver.

PROFESSOR'S DECISION

The course is full but the student is allowed to enroll.

INSTRUCTORS SIGNATURE _____

STUDENT ACTION

RETURN COMPLETED FORM TO: CHARLTON COLLEGE OF BUSINESS ROOM 101

*The student must check their COIN account to verify enrollment. If NOT enrolled, please, contact the CCB Office of Advising immediately.

ACTION COMPLETE

STUDENT ENROLLED ON _____ BY _____
(DATE) (ADVISOR'S SIGNATURE)