CLASS PERMISSION REQUEST
DEPARTMENT OF ART AND DESIGN

Date _____

Name _____ _____ _____
Student's ID# Last First

Semester/Year _____ Course Name_____
(i.e. 2D DESIGN)

Subject Area: Please circle one: **ARTSTDIO ARTHIST MAGD GENED**

3 Digit Course # _____ Section # _____ Class # _____

Instructor's Printed Name _____

Instructor's Signature _____

Please note: Once permission has been processed, the student will need to register for this class in WINS.

CLASS PERMISSION REQUEST
DEPARTMENT OF ART AND DESIGN

Date _____

Name _____ _____ _____
Student's ID# Last First

Semester/Year _____ Course Name _____
(i.e. 2D DESIGN)

Subject Area: Please circle one: **ARTSTDIO ARTHIST MAGD GENED**

3 Digit Course # _____ Section # _____ Class # _____

Instructor's Printed Name _____

Instructor's Signature _____

Please note: Once permission has been processed, the student will need to register for this class in WINS.