# CLASS PERMISSION REQUEST

Name ___________________________  Last   First   E-Mail

ID# _________________  Course Name__________________________  (i.e. Fundamentals of Music)

Subject Area:  MUSC  Course #______________________  (This is a 3-digit #; i.e. MUSC 111)

Section # _____  Class # ____________  # of Units ____________  

ERROR MESSAGE YOU ARE RECEIVING ON WINS (Please be specific; i.e. time conflict, instructor consent.) ____________________________

Term/Semester ________  Instructor’s Signature ________________

(Please note: Class Permissions are given an expiration date. You must use the class permission within 10 days or it will expire.)

__________________________  Today’s Date