CLASS PERMISSION REQUEST

Name_____

          Last   **First**   **E-Mail**

ID# _____   **Course Name**_____

                                                       (i.e. Fundamentals of Music)

Subject Area: <u>**MUSC**</u>   **Course #**_____

                                               (This is a 3-digit #; i.e. MUSC 111)

Section # ____   **Class #**_____   **# of Units** _____

               (This is a 4-digit #--formerly   **(Credits—if variable)**
                  referred to as CREF#)

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