ATTENTION FACULTY, STAFF, AND STUDENTS: PLEASE READ CAREFULLY

You must be extremely accurate when completing this form. If you write down an incorrect class number, student EMPL ID, or if the student is placed in an unauthorized excess load situation, this request will not be processed. If the student has a hold on their account that prevents enrollment, this request will not be processed. The students with these holds must address the holds before this request will be processed. If the student has not met the appropriate prerequisites, this request will not be processed. It is the responsibility of the student to check their study list on the student self-service module within 48 hours to be sure that this request was processed.

Student’s Name ___________________________ Date __________________

Student ID ___________________ Student Email __________________________

Semester Fall ______ Spring _______ Summer _________ Year: __________

Course Number & Title __________________________________________
(Example: ENGL 110 - College Composition I)

Class Number ______________ Number of Credits __________ Permission # __________
(Examples: 13456, 8475, 19985, 5633, etc.) (For Variable Credit Classes) (If Applicable)

1. If this request is being made during registration or pre-registration, it will only be accepted for graduation purposes. The signature of the instructor or department chairperson is required. If the class is not required for graduation, the student must follow the waitlist process described in the catalog.

2. If this request is being made after the first day of class, the signature of the class instructor is required. However, the department chairperson or Associate Provost may sign this form if the instructor is not available for signature purposes.

The Permit to Register in a Closed Class must be returned to Academic Records DSU faculty or staff in person, via campus mail, or sent to dsu.records@dickinsonstate.edu. If the student is not enrolled, Academic Records will send an email to the student and the appropriate department administrative assistant.

THIS FORM WILL NOT BE ACCEPTED FROM THE STUDENT.

_____________________________ __________________________
Signature of Instructor – indicates approval Date

_____________________________ __________________________
Signature of Department Chairperson – indicates approval Date

Completed by Academic Records Name ___________________________ Date __________________

_____ Student successfully registered in the requested course.

_____ Student was not registered for the following reason(s):

   ______ Academic or Business Office hold prevented registration

   ______ Prerequisites have not been met OR registering would cause an Excess Load situation
   (the appropriate form should be submitted to avoid this issue)

   ______ Other as Explained:

Last Updated: 11/06/2020