

College of Science and Engineering

Permit/Authorization Form

Name: _____ CWID: _____

Major: _____ MyLeo Email: _____

Semester: _____ Date: _____

Subject	Course Number	Section	CRN

Do you have the prerequisite? Yes No N/A

Reason: _____

Department Use Only:

Instructor Approval: _____ Date: _____

Department Head Approval: _____ Date: _____

Permit Authorization

NOTE: Permits will be removed after 48 hours. So please make sure to register before it is removed.