
CLOSED CLASS REQUEST

Decisions concerning closed class placement will not be made until later. We will attempt to contact you by email. This request is NOT a guarantee that your request will be honored.

Name _____ Date _____

LOCAL Phone _____ ID# _____

Email _____

Classification _____

Major _____ Check one: BS BA BSE Other

****YOU MUST COMPLETE ALL SECTIONS!****

Class enrolled in now _____

Class wanting to enroll in _____

Reason for **NEEDING** a closed class permit

For Office use only below:

Admitted to Course _____ Section _____

Denied _____ Date _____

Notified by Phone/email: Date _____ Time _____