LEHIGH UNIVERSITY
OFFICE OF THE REGISTRAR

Enrollment Restriction Request

Semester: ____________________

Date: ______________________

Department submitting request: ____________________________________________________________

Subject Code & Course Number: ____________________________________________________________

Course Title: ____________________________________________________________________________

☐ ALL sections (check box if applicable) If not, list specific sections with CRNs here: __________

Enrollment Restrictions

Mark each blank with an “I” to INCLUDE or “E” to EXCLUDE

(Note: I AND E CANNOT be used in the same category)

Level:   UG ______  GR ______

College: AE ______ AS ______ BU ______ ED ______ EN ______ IC ______

Class:   FR ______ SO ______ JR ______ SR ______

Degree

Degree Code: ________________ Include or Exclude: ___

Degree Code: ________________ Include or Exclude: ___

Degree Code: ________________ Include or Exclude: ___

Example: All 200 level Business courses are restricted to students enrolled in Business, IBE or the CSB programs:

Degree Code: BSBU I

Degree Code: BSIBE I

Degree Code: BSCS I

Comments: (for further explanation if needed)

Contact person for clarification ________________________________ (Name and e-mail)

(phone extension)

Reminder:

All 100 level and above courses are excluded to Freshman enrollment

All 300 level courses are now restricted to Juniors, Seniors and Graduate Students ONLY.

All 400 level courses are restricted to Graduate students and students in the college offering the course.

APPROVALS:

Department Chairperson ________________________________ Date: ________________

Associate Dean ________________________________ Date: ________________

Registrar’s Office Use Only

Received Date: ____________________ 

Rejected by Registrar: ____________________

Entered by: ____________________ 

Date: ____________________

Email Acknowledgement sent: ____________________

Date: ____________________