DATE: __________________________

/ ___________________________/ has my permission to enroll in
Student’s Full Name         LIN number

/ ___________________________/ / ___________________________ during _________
(CRN     Course Name and Number section) (Semester/Year)

Professor: Please sign, then print name below. By signing this form, you are
providing consent for the student to enroll in the class noted above. Please ensure
any appropriate overrides (capacity, prerequisites, etc.) are listed for this student on
the Banner override form. (SFASRPO). In order for the student to be eligible he/she
must demonstrate any established prerequisites for this course.

NOTE: GCD students are permitted to enroll only by special permission and will be
added to the class approximately one week prior to classes beginning and only if
space is available.

________________________________________
(Signature)

________________________________________
(Print name here)

________________________________________
(Telephone #)

Completed form should be returned to the Office of Admissions, Alumni Memorial
Building, 27 Memorial Drive West, Attn: TRANSFER DIVISION

Questions may be directed to the Office of Admissions at 610-758-3100.