

**GENERAL COLLEGE DIVISION
FACULTY APPROVAL FORM
for NEW GCD students**

DATE: _____

_____/_____
Student's Full Name LIN number has my permission to enroll in

_____/_____/_____
(CRN Course Name and Number section) during (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.