College of $ U W V D Q G + X P D Q L W L H V

6 H F W L R Q & R Q I O L F W Approval Form

U H J L V W H U V I R U V H F W L R Q V R I W K H V D P H & R X U V H D Q G

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Name_________________________________ Banner ID #____________________ has

my permission to register for the following sections of ___________________________

6 H F W L R Q: ________________ CRN # _____________ Day/Time ______________________

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Instructor's Signature Date

6 H F W L R Q ________________ CRN# _____________ Day/Time______________________

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Instructor's Signature Date