

GENERAL COLLEGE DIVISION APPROVAL FORM
for continuing GCD students

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. 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. Please ensure any appropriate overrides (capacity, prerequisites, etc.) are listed for this student on the Banner override form. (SFASRPO).

(Signature)

(Print name here)

(Telephone #)

**Completed form should be returned to the Office of the Registrar, Alumni Memorial Building, 27 Memorial Drive West, Attn: Mariann Hartman
Questions may be directed to the Registrar's Office @ 610-758-3194.**