

## Authorization to Attend Closed/Restricted Course

Regis Student ID#

Full Name

Last

First

Middle

Address

Street

City

State

Phone

E-mail Address

**This student is authorized to take the following closed/restricted course:**

**Semester:**

Fall

Spring

Summer

Course Prefix

Course Number

Closed

Restricted

Section

Year

**Please print this form, provide all signatures, and bring to Enrollment Services.**

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	Schedule Input	Initials	Date
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