

SSN: _ _ - _ - _ _ _

Name: _____
Last First

Term: _____

CLOSED CLASS/TIME CONFLICT/AUDIT PERMISSION FORM

(Complete all that apply - putting an X in shaded columns.)

Entry #	Course(s)			Closed Class (X)	Time Conflict* (X)	Audit** (X)	Instructor's Signature & Date	Department's Stamp/Signature & Date
	Prefix	No	Sec Hrs					

Registration Office Date & Initials: _____

* Time conflicts cannot exceed 15 minutes.

** Attendance is required to audit or you will fail the course.