Course Permission Form

Date:_____________________

Student Name: _______________________________________________
(PLEASE PRINT)

Student ID #: ____________________________
(REQUIRED)

Ferris.edu e-mail: _______________________ Phone# _______________________
(will contact you if form is incomplete/needs add’l permission(s)/other conflicts)

Please:

_____ Allow student to take the following course without meeting the
PREREQUISITE(s).

_____ WAIVE the following studio core requirement and add an additional
studio elective requirement.

_____ Allow the following course to REPLACE a major studio requirement:
Major studio requirement replaced: _________________________

_____ Allow student to take the following course section even though the section
is CLOSED.

_____ Other: ____________________________________________________

<table>
<thead>
<tr>
<th>CRN (5 digit)</th>
<th>Course Number</th>
<th>Course Title</th>
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Signature of Faculty (teaching course)

Signature of Chairperson

FOR OFFICE USE ONLY: DATE ENTERED__________________BY___________