

**Closed/Controlled Course Permit Form**

**Invalid After** \_\_\_\_\_

(submit to the Registrar's Office before or on the date listed above)

ID # \_\_\_\_\_

Name \_\_\_\_\_

Subj/Crse #	Section #	CRN	Days/Time	Credit Hours

Term/Year:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_  
*Instructor (or authorized) Signature*

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