

**CLASS PERMISSION REQUEST  
DEPARTMENT OF ART AND DESIGN**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Student's ID# \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Semester/Year \_\_\_\_\_ Course Name \_\_\_\_\_  
(i.e. 2D DESIGN)

Subject Area: Please circle one: ARTSTUDIO ARTHIST MAGD GENED

3 Digit Course # \_\_\_\_\_ Section # \_\_\_\_\_ Class # \_\_\_\_\_

Instructor's Printed Name \_\_\_\_\_

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

***Please note: Once permission has been processed, the student will need to register for this class in WINS.***

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