



**PERMISSION TO ENTER
A CLOSED SECTION**
RETURN THIS CARD TO THE OFFICE
OF REGISTRAR WITH REGISTRATION

Fall ____
Spring ____ Year ____
Summer ____

SUNY ID #

Student's Name: Last Name, First Name

CRN#

SUBJ

CRSE #

SEC#

COURSE TITLE

NOTE: This form is not valid unless signed by the course instructor or by the chair of the department offering the desired course. Submit to Student and Faculty Services Office or Registrar's Office.

Signature of the Chair or Instructor

Date

9/10



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