

**Department of Mathematical Sciences
Permission for Enrollment in a Closed Section
Fall 2018**

Part I. To be completed by the student.

Name _____ I.D# _____

Course Requested: _____ Section _____ CRN _____

I have completed the prerequisite for this course by:

_____ completing the course at CCSU with a grade of C- or better (B- or better to go from Math 101/103 to Math 119, or MATH 101/102/103 to MATH 125).

_____ transferring the credit from _____

_____ taking the placement exam on _____

Explain any special circumstances:

Take this form to the instructor during the first week of classes to seek the instructor's approval.

Part II. To be completed by the instructor.

I hereby give permission to this student to over enroll in the above section of my class based on the completion of the said prerequisite:

_____ Date _____
(Instructor's signature)

Part III. After the instructor signs, bring this form to the Math Department in Marcus White Hall, Room 128.

NOTE: If it is found that you do not have the prerequisite for the course, you will not be allowed to register for the course.