

**Department of Mathematical Sciences  
Permission for Enrollment in a Closed Section  
Fall 2017**

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**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 to Math 119).

\_\_\_\_\_ 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.*

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**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.*