

For Office Use only

Date _____
Registered CS _____ Call # _____
Emailed on _____ by _____

**DEPARTMENT OF COMPUTER SCIENCE
CLOSED CLASS REQUEST FORM**

USE A SEPARATE FORM FOR EACH REQUEST

BEFORE FILLING OUT THIS FORM, YOU MUST TRY TO REGISTER YOURSELF AND THE SYSTEM MUST TELL YOU THE CLASS IS CLOSED. IF THE CLASS IS NOT CLOSED AT THE TIME YOU TURN IN THIS FORM, YOUR REQUEST WILL NOT BE CONSIDERED. You may fax this request to: 269- 276- 3122

Please turn in this form to the CS Department office. The instructor will approve or deny your request. The office will email you their decision and register you if your request has been approved.

IT IS YOUR RESPONSIBILITY TO CHECK YOUR SCHEDULE ONLINE.

CS _____ Call number(s) _____

Date _____ Semester for request _____

Name _____
LAST FIRST

Social security # _____ 900 # _____

Local phone # _____ Complete email address _____
Print your email address legibly

Graduate _____ Undergraduate _____ Hours completed _____

List your major _____ List your minor _____

Have you submitted other requests for this same semester and this same class?

Have you filled this form out for any other CS courses for this same semester? If so, please list them:

Have you met the prerequisite(s) for this class? If so, please list them: _____

Explain, in detail, the reason you need this class _____

(Do not write below this line – continue on back if needed)

Decision (For Instructor Use Only) () Enroll in CS _____ Call # _____
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() Denied Reason _____