

College of Science
CRN Graduate Enrollment Permission Form

TO BE USED FOR VERIFICATION OF REQUIREMENTS MET IN ORDER TO ENROLL IN COLLEGE OF SCIENCE 999 COURSES

STUDENT G NUMBER

STUDENT NAME (LAST, FIRST, MI)

DEPARTMENT COURSE NUMBER

FOR _____ **CREDITS**

DURING _____

SEMESTER AND YEAR

DISSERTATION DIRECTOR'S NAME (LAST, FIRST)

APPROVAL SIGNATURES

DISSERTATION DIRECTOR _____

DEPT. CHAIR _____

FOR OFFICE USE ONLY CRN # _____ _____
INITIALS

COS ASSOCIATE DEAN _____