



CLOSED COURSE OVERTALLY PERMISSION FORM

Date: ____ / ____ / ____

To: Women and Gender Studies
Asian American Studies Program
Latin American and Caribbean Studies Program

From: Instructor (Print name) _____

Instructor Signature _____

Re: Student: _____

SS#: _____

The above named student has permission to register for the course and semester below.

Course Number: WGS _____ ASIAN _____ LACS _____

Section: _____ Code: _____

Spring _____ Summer _____ Fall _____ Winter _____ Year _____

Area below needs to be completed by Program ONLY if Registration has ended

Director's Name (print): _____

Director's Signature: _____

Program Stamp: _____