

Authorization Request Form:

INSTRUCTOR SIGNS BELOW:

I hereby authorize _____, W# _____
to schedule _____, _____ class, computer number
_____, Semester _____.

Signature of Instructor

EXT. #

Date Authorized

STUDENT SIGNS BELOW:

I UNDERSTAND THAT THE COMMUNICATION DEPARTMENT HAS ONLY LIFTED THE BLOCK TO MAKE THE ABOVE CLASS AVAILABLE, SO THAT I MAY REGISTER FOR IT. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REGISTER FOR THE CLASS.

Signature of Student

Date Authorized

E-mail Address of Student

NOTE: THE COMMUNICATION DEPARTMENT STAFF WILL NOT PERFORM THE AUTHORIZATION PROCESS IF THIS FORM IS NOT FILLED OUT AND SIGNED IN ITS ENTIRETY. IT IS THE STUDENTS RESPONSIBILITY TO SECURE COURSE COMPUTER NUMBER AND SECTION AND REGISTER FOR THE CLASS.

WE DO NOT REGISTER FOR STUDENTS!