LEHIGH UNIVERSITY

Enrollment Restriction Request

OFFICE OF THE REGISTRAR

Semester:		Date:				
Department subr	mitting request	::				
Subject Code & C	Course Number	:				
Course Title:						
ALL sections (check box if applicable) If not, list specific sections with CRNs here:						
Enrollment Restrictions						
Mark each blank with an "I" to INCLUDE or "E" to EXCLUDE						
(Note: I AND E <u>CANNOT</u> be used in the same category)						
Level: UG	GR					
College: AE	AS	BU	ED	EN	IC	
Class: FR	SO	JR	SR			
Degree Code:			Include c	or E xclude:	_	
Degree Code:			I nclude c	or E xclude:	<u> </u>	
Degree Code:			Include or E xclude:			
•	egree Code: BSB	BU I	Degree Code:	BSIBE I	usiness, IBE or the CSB prograr Degree Code: BSCS I	
Contact person fo	r clarification					J
Reminder:			(Name and e-mai	1)	(phone extension)	
All 100 level and a All 300 level course	es are now restri	icted to Junior	rs, Seniors and G	Graduate Stude	nts ONLY. Illege offering the course.	
APPROVALS: Department Chair	person			Date:		
Associate Dean				Date:		
Registrar's Office Use On	<u></u>					
Received Date:			Rejected by Registrar:			
Entered by: Date:			Date: Email Acknowledgement sent:			

Date: