LEHIGH UNIVERSITY

Registration & Academic Services
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GENERAL COLLEGE DIVISION REGISTRATION APPROVAL

DATE:_____

_____ / _____ has my permission to enroll in
Student's Full Name LIN

_____ / _____ / _____ during _____
CRN Course Name and Number Section Semester/Year

Instructor: Please sign, then print name below. By signing this form, you are providing consent for the student to enroll in the class noted above. Please ensure any appropriate overrides (capacity, prerequisites, etc.) are listed for this student on the Banner override form (SFASRPO). In order for the student to be eligible he/she must demonstrate any established prerequisites for this course.

NOTE: GCD students are permitted to enroll only by special permission and will be added to the class approximately one week prior to classes beginning and only if space is available.

_____
(Instructor Signature)

_____
(Instructor Print name)

_____
(Student Signature)