

CLOSED COURSE ADMITTANCE FORM



SPIRIT ID # _____ **Academic Year** _____

Last Name _____ **First Name** _____

Course No. _____ **Credits** _____

Phone No. _____

Please check the term you would like to register for below:

- | | | | | |
|--|---|--|---|--------------------------------|
| <input type="checkbox"/> Fall Semester | <input type="checkbox"/> Fall Trimester | <input type="checkbox"/> Summer Intersession A | <input type="checkbox"/> Summer Session 1 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Spring Semester | <input type="checkbox"/> Spring Trimester | <input type="checkbox"/> Summer Intersession B | <input type="checkbox"/> Summer Session 2 | |
| | <input type="checkbox"/> Winter Trimester | | | |

Student's Signature _____ Date _____

Print Instructor's Name _____ Signature _____ Date _____

Print Chairperson's Name _____ Signature _____ Date _____

Print Academic Dean's Name _____ Signature _____ Date _____

Processed by _____ Date _____