

**PLEASE PRINT**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Last First Middle

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Course you are requesting permission number for: \_\_\_\_\_

Fresno State student  Open University Student  (Please choose one)

The required pre-requisites for the requested course are \_\_\_\_\_  
I completed all pre-requisites

Course	Semester	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I understand that my request will be declined if I do not meet the required pre-requisites for this course.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Check all that apply**

Computer Science Major

Non Computer Science Major  Specify: \_\_\_\_\_

Graduating Senior (Last Semester)  Total units to complete before graduation \_\_\_\_\_

Within Two Semesters of Graduating  Total units to complete before graduation \_\_\_\_\_

Junior

**Important:** Return this form directly to the department office (Science II Rm. 255)

**(Department Only)**

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Course ID # \_\_\_\_\_ Permission # \_\_\_\_\_

\* Upon approval please allow 3 business days for permission number via email