

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)

Declared Major(s): _____ **GPA:** _____
(Cumulative)

Any major related courses you have taken _____

Is this your pre-requisite course for your Master Study? Yes No

I understand that I take this class without the required pre-requisite course. I will accept the risk of non-satisfactory performance because of that.

Student Signature _____ **Date** _____

Important: Go to the instructor with your D.A.R.S or transcripts, secure the instructor's signature, and turn this form in to department office.

(Department Only)

I have verified this student's record and give permission to the student to take the class.

Instructor Signature _____ **Date** _____

***Graduate Coordinator Signature** _____ **Date** _____

***Department Chair Signature** _____ **Date** _____

Course ID # _____ **Permission #** _____

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