Special Permission Form

Office of the Registrar
1100 E. 5th St., Anderson, IN 46012-3495
Fax 765.641.3015

ANDERSON UNIVERSITY
Academic and Christian Discovery

❑ Sem. I *(Aug.)* ❑ Sem. II *(Jan.)* ❑ Summer Year_____

Name_____ _____
LAST FIRST MIDDLE ID

Course_____-_____-_____- (_____) [_____]
CLASS # DEPT. CAPTION COURSE NO. SECTION # (NUMBER OF HOURS)

Type of Permission	
Closed Class	❑
Departmental	❑
Instructor	❑
Time Conflict	❑
Pre-requisite	❑

_____
INSTRUCTOR/DEPT. SIGNATURE DATE

_____
ADVISOR/MENTOR SIGNATURE DATE

_____
REGISTRAR'S OFFICE DATE