



Special Approval

STUDENT INFORMATION

Name: _____ SPU ID #: _____

Email: _____ Quarter/Year of Request: _____

Student Signature: _____ Date: _____

APPROVAL INFORMATION

Please indicate the type of approval you are seeking

Instructor Approval to enter course (overriding registration restriction)

Time conflict

Major Restriction

Instructor Approval

Class Prerequisites

Other: _____

Practicum Course

TA Course

This form is not to be used for permission to enter closed classes. Instructors please email those requests to sasinfo@spu.edu and copy your department chair & dean.

INSTRUCTOR APPROVAL

First Course	The above named student has my permission to register for:
	Subject Code: _____ Course Number: _____ CRN (SAS use ONLY): _____
	Course Title: _____ # of Credits: _____
	Instructor (print): _____
	Instructor Signature: _____ Date: _____

Second Course	The above named student has my permission to register for:
	Subject Code: _____ Course Number: _____ CRN (SAS use ONLY): _____
	Course Title: _____ # of Credits: _____
	Instructor (print): _____
	Instructor Signature: _____ Date: _____

Office Use Only: Action: _____ Initial: _____ Date: _____
