SAINT MICHAEL'S COLLEGE
Office of the Registrar
One Winooski Park
Colchester, Vermont 05439
Telephone: (802) 654-2571
Fax: (802) 654-2690

PERMISSION TO ENROLL IN AN OPEN COURSE WITH RESTRICTIONS

DATE: _____

FOR SEMESTER: _____

_____ I.D. NUMBER

_____ STUDENT NAME

_____ YEAR

_____ MAJOR

Please check all of the following that apply.

I am requesting permission to enroll in an open course because the course:

- ❑ **Requires "Permission of the Instructor" prior to registration.**
- ❑ **Is restricted to majors and/or minors only, and I am not currently declared in this major/minor.**
- ❑ **Has pre-requisites I have not yet met.**
- ❑ **Other (explain):** _____

COURSE			COURSE TITLE	NAME OF INSTRUCTOR (*Please Print)*
DEPT.	NUMBER	SECTION		

I give my permission for the above student to enroll in this course. _____
Signature of Instructor

After completing this form and securing the signature of the instructor of the class, please return the form to the Registrar's Office, Founders Hall, Room 112 or SMC Box 3.