



Office of the Registrar
One Winooski Park, Colchester, VT 05439
Telephone: 802.654.2571 Fax: 802.654.2690

PERMISSION & PETITION FORM

DATE: _____

FOR SEMESTER: _____

I.D. NUMBER

STUDENT NAME

YEAR

MAJOR

COURSE			COURSE TITLE	NAME OF INSTRUCTOR (<i>Please Print</i>)
DEPT.	NUMBER	SECTION		

Please check all of the following that apply.

I am requesting permission to enroll in this course because it:

- 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 prerequisites I have not yet met.
- Is closed on KnightVision.

Use the space below to explain why you are requesting permission to enroll in this course. The Instructor will use the information you provide here in evaluating your request. Use the back of this form as needed for additional comment. There is no guarantee of course enrollment until this completed form is turned in to the Registrar's Office.

- If this form is approved, please drop the following course from my current schedule (if applicable):**

COURSE			COURSE TITLE
Dept.	Number	Section	

Signature of Student

I give my permission for the above student to (CHECK & SIGN ONLY ONE OPTION):

- Be enrolled if the course still has open seats at the time this form is submitted, even if the student is missing prerequisites.**

Signature of Instructor

- Take a petition seat that has been set aside.**

Signature of Instructor

- Be enrolled in a closed course even though it means going over the course cap.**
(Dependent on room capacity.)

Signature of Instructor