

OFFICE OF THE REGISTRAR

Dickinson College
PO Box 1773
Carlisle, PA 17013



**CONTINUING EDUCATION ADD
PERMISSION FORM**

*This completed form must be submitted to the Registrar's Office **no later than 4:00 p.m. on the first Friday of classes** for the semester in which the course will be taken.*

Please **print** the following information. Date: _____

Banner ID#: _____ -or- Email: _____@dickinson.edu

Name: _____
Last First M.I.

Email address or Phone #: _____

Course Information: Fall Spring Summer Year: _____

CRN	Subject	Course #	Section #	Time
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Choose **only one** of the following options:

This student has my permission to **AUDIT** the above referenced course.
Professor's printed name: _____
Professor's signature: _____

Note to faculty: Be aware that signing this form will not replace the seat of a credit-earning student. If it is full, this will over-enroll the section.
Note to student: This course will not be added until the end of the Add/Drop Period.

This student has my permission to take the above referenced course for **CREDIT**.
Professor's printed name: _____
Professor's signature: _____

Choose only one options:
 ONLY IF space available
 Even if course is full