

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.

E-mail address or Phone #: _____

Course Information: Fall Spring Summer Year: _____

CRN Subject Course # Section # Time

This class will be taken for (check **one** only):

AUDIT **CREDIT**

Student has my permission to add the above referenced course:	
Professor's printed name _____	
Please sign	ONLY IF space available _____
one option only:	Even if course is full _____