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

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

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