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: ___________

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

Updated 9/16