

Student Information:

_____ First Name _____ Last Name _____ MI _____ Student ID # _____ Semester/Year

Career: Graduate
Undergraduate

I understand that by signing and submitting this form I am academically and financially responsible for the course below, as well as for knowing schedule adjustment deadlines published in the academic calendar and verifying my registration into this course.

Student Signature _____ **Date** _____

Student's email address: _____ @ucdenver.edu

Course Information:

_____ **Class Number** (Ex: 35268) _____ **Course & Section #** (Ex: HIST 1038-001)

Choose one:

- Student has met prerequisite
- Override prerequisite

By signing this form, I acknowledge that I may be requesting an increase for this courses's enrollment cap. If the increase will breach fire code, this enrollment request will be denied, unless a larger classroom can be found. A copy of this form and all pertinent email communication will be saved in the Student Advisory Network (SAN) for documentation.

Faculty Signature _____ **Date** _____

Faculty's email address: _____ @ucdenver.edu

In-person: Deliver this completed form to the CLAS Advising office, North Classroom (NC) 1030. Via email: Completed form must be sent from the instructor's UCD email to clasinstructorpermission@ucdenver.edu.

Completed form must be submitted by census date of the course's corresponding term

Forms will be processed within 3 - 5 business days and students are responsible for verifying their enrollment via UCD Access