Computer Science Dept. * Course Permit/Authorization

Student must fill out the following before meeting with advisor.

Print Name: ____________________________________     Major: ____________________________________

CWID: _________________________       MSU Email: __________________________ @mail.montclair.edu

Anticipated Graduation (Semester & Year): ____________________________________________________________________

List the course number and sections you would like a permit/authorization for. If necessary, list any others on the back of this sheet. Please check to make sure you have the necessary prerequisites for the courses you want a permit/authorization for.

Course Number and Section: ______________________________________________

Course Number and Section: ______________________________________________

Reason for Request: ______________________________________________________________________________________

_________________________________________________________________________________________

Print Advisor Name: _______________________________________________________

Advisor’s comments: ______________________________________________________________________________________

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Student Signature: _____________________________________________       Date: ______________________

Advisor Signature: ____________________________________________       Date: ______________________

Return a completed copy of this form to the Department Administrator (RI 303).

Revised 9/8/2011