

The University of Findlay

Session _____

Authorization to Register for Closed Course

Student's Name ID #

has permission to register for my **closed** course _____
Course #, Section #, and Title

Instructor's Signature Date **Adviser's Signature** Date

This form needs to be returned to the Office of the Registrar for processing.
1000 N Main St Findlay OH 45840 Fax (419)434-5565

7/31/2009