

The University of Findlay
CLOSED COURSE REGISTRATION FORM
Session: _____

NAME: _____ ID# _____
Last First Initial

The above student has permission to register for my CLOSED course _____
Course Number, Section, and Title

Instructor's Printed Name/Signature _____ Date _____

Adviser's Printed Name/Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Registrar's Office 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