COURSE PERMISSION REQUEST
Revised 2/13/14
901 S. National Avenue • Carrington Hall • Room 320 • Springfield, MO  65897
Ph (417) 836-5520 • Fax (417) 836-6334

OFFICE OF THE REGISTRAR

Student Name: ___________________________  BearPass #: M________________
          LAST    FIRST    MI

This form is to be used to grant course permission, authorize an exception to a prerequisite
requirement or authorize enrollment above the section enrollment level. This form should be
completed with a Registration Request/Change of Schedule Form and taken to an authorized
Registration Center for processing.

Semester:  ☐ Fall  ☐ Spring  ☐ Summer  Year ______

Subject   Course Number      Section Number or CRN      Credit

Course Title: ___________________________________________________________

TO BE COMPLETED BY THE DEPARTMENT/FACULTY:
Check all that apply which indicate the action(s) you are approving for the above student.

☐ Permission granted
☐ Exception to a prerequisite requirement other than permission
☐ Authorization to exceed course enrollment level
☐ Authorization to exceed room capacity; must be approved by the department head

_________________________________________  __________________________
Department/Faculty Signature                  Date

Student Signature: ___________________________  Date: __________________________

OFFICE USE ONLY:
_________________________________________  __________________________
Processed By                  Date