



NorthwesternTM
OKLAHOMA STATE UNIVERSITY

Date _____

To the Registrar:

Student's Name

ID #

has my permission to enroll in the following course:

Dept./Course #/Course Title: _____

Credit Hours: _____

Building/Room # _____

Time: _____

Days: _____

Semester: _____

Campus Location: _____

Signed: _____

Instructor

Department Chair

Dean of School

FOR OFFICE USE:

KEY #: _____

Revised 10/10