



Northwestern

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