

# Computer Science Dept. \* Course Permit/Authorization

*Student must fill out the following **before** meeting with advisor.*

Print Name: \_\_\_\_\_ Major: \_\_\_\_\_

CWID: \_\_\_\_\_ MSU Email: \_\_\_\_\_@mail.montclair.edu

Anticipated Graduation (Semester & Year): \_\_\_\_\_

*List the course number and sections you would like a permit/authorization for. If necessary, list any others on the back of this sheet. Please check to make sure you have the necessary prerequisites for the courses you want a permit/authorization for.*

**Course Number and Section:** \_\_\_\_\_

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**Reason for Request:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Print Advisor Name:** \_\_\_\_\_

**Advisor's comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return a completed copy of this form to the Department Administrator (RI 303).*