



PERMISSION TO REGISTER

Please type or print clearly.

Student Information:

Student: First and Last Name _____

PID _____

Date of Birth _____

E-mail Address _____

Academic Advisor _____

Telephone or Cell Number _____

Course Subject Name: Chemistry

***STUDENTS MAY ONLY BE ENROLLED INTO OPEN LECTURES AND DISCUSSIONS

Course Lecture No.: _____ Course Section No. : _____

Class Number _____ Discussion Number _____ Semester _____

Instructor: _____

I have completed the required pre-requisites to register for this class here at LUC

I took these prerequisites at another school (transfer credit).

I am requesting to retake this course because: _____

Student _____

Date _____

Approval Signature

Chairperson/Assistant Chairperson/Undergraduate Program Director Signature,
Department of Chemistry & Biochemistry

Printed Name

Date: _____