NEW MEXICO TECH – Instructor Permission Form

Name_________________________ ID#_________________________ Semester_______ 20___

Email Address___________________________________________

I hereby give my permission for the above student to enroll in:

Course Ref. Num. Dept. Name & Course # Section Sem. Hrs.

_____________ ____________________ _______ _________

Reason for Override: (signature needed on line being needed; WILL NOT accept if wrong line signed)

☐ Class at maximum enrollment ____________________________ (Instructor Signature & Date)

☐ Instructor approval needed _______________________________ (Instructor Signature & Date)

☐ Time Conflict ___________________________________________ (Instructor Signature & Date)

***THIS FORM WILL NOT BE ACCEPTED AS A PRE-REQUISITE /CO-REQUISITE WAIVER FORM***

REVISED 12/2017

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Name_________________________ ID#_________________________ Semester_______ 20___

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