

**Permission Number Request Form
for Undergraduate Courses**

Office # (559) 278-4373

PLEASE PRINT**Name:** _____ **ID #:** _____

Last First Middle

E-mail Address: _____ **Phone Number:** _____**Semester:** _____ **Year:** _____ **Course you are requesting permission number for :** _____**Fresno State student** **Open University Student** (Please choose one)**Declared Major(s):** _____ **GPA:** _____
(Cumulative)**Any major related courses you have taken** _____**Are you planning to graduate within the current academic year?** Yes No **I understand that I take this class without the required pre-requisite course. I will accept the risk of non-satisfactory performance because of that.****Student Signature** _____ **Date** _____**Important:** Go to the instructor with your D.A.R.S or transcripts, secure the instructor's signature, and turn this form in to department office.**(Instructor Only)****I have verified this student's record and give permission to the student to take the class.****Instructor Signature** _____ **Date** _____**(Department Only)****Department Chair Signature** _____ **Date** _____**Course ID #** _____ **Permission #** _____*** Upon approval please allow 3 business days for permission number via email**