

**DEPARTMENT OF PUBLIC HEALTH
OFF-LINE COURSE PERMISSION & COURSE ELIGIBILITY OVERRIDE**

STUDENT NAME

STUDENT **SPIRE I.D.** NUMBER

DEPT

COURSE #

SPIRE NUMBER(S)

LEC _____

LAB _____

DIS _____

- Student has my permission to add this OFF-LINE course.
- Student has my permission to take this course without meeting the specified course eligibility requirements.

APPROVED BY:

INSTRUCTOR/DEPT SIGNATURE

DATE

**RETURN FORM TO MAIN OFFICE, RM 408 ARNOLD HOUSE,
FOR PROCESSING.**

PROCESSED BY: _____
INITIALS

DATE