KCAD Kendall College of Art and Design of Ferris State University

Date _____

Course Permission Form

Requested semester: _____

Student Name: _____

Student ID #: _____

Ferris.edu email: _____

Select permission type(s):

_____ **PREREQUISITE** override. Allow student to take the following course without meeting the prerequisite(s).

_____ **WAIVE** a requirement. The following studio core requirement is waived and elective requirement

_____ **REPLACE** a requirement. Allow the following course to replace a major studio requirement: Major studio requirement to be replaced: _____

_____ **CLOSED CLASS** permit. Allow student to take the following course even though it is full.

_____ **Other:** _____

All fields must be completed to process request:

5-Digit CRN: _____

Course Code: KC____ _____

Course Title: _____

Signature of Faculty teaching the course: _____

Signature of chair (student's program of study): _____

FOR OFFICE USE ONLY Date Entered:_____ By:_____

Form Updated: 11/2024