KCAD Kendall College of Art and Design of Ferris State University

Semester _____

Course Permission Form

Date:_____

Student Name: _____
(PLEASE PRINT)

Student ID #: _____
(REQUIRED)

Ferris.edu e-mail: _____Phone#_____
(will contact you if form is incomplete/needs add'l permission(s)/other conflicts)

Please:

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

_____ **WAIVE** the following studio core requirement and add an additional studio elective requirement.

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

_____ Allow student to take the following course section even though the section is **CLOSED**.

_____ Other: _____

_____
CRN (5 digit) Course Number Course Title

_____
Signature of Faculty (teaching course)

_____
Signature of Chairperson

FOR OFFICE USE ONLY: DATE ENTERED_____BY_____