

AUTHORIZATION TO REGISTER

(Please print)

(Level--circle one)

STUDENT NAME: _____ UG Grad

STUDENT NUMBER: _____ PHONE NUMBER: _____

STUDENT E-MAIL: _____

This student has my permission to enroll in:

____ PS 601 Research

____ PS 605 Reading

____ PS 606 Field Studies

____ Other*: _____

(*Please select the Other option for any undergraduate class requiring a capacity or restriction override.)

Topic of Research/Reading: _____

(term) (CRN) (# of credits)

(instructor's signature) (date)

Capacity override _____

(instructor name, please print)

Restrictions override _____
(initials)

ATTENTION STUDENT: You must return this form to the Political Science office (PLC 936) to receive authorization to register for this class by DUCK WEB

NOTE: YOU MUST STILL REGISTER FOR THIS CLASS ON DUCK WEB