

CBE GRADUATE COURSE CLEARANCE REQUEST-BUSINESS

Request Date: _____

All requests must include a transcript or verification with supporting documentation of pre-requisites completed in order to be considered. See catalog prior to request for list of CBE course pre-requisites and class descriptions. Permission to enroll is subject to approval and as space allows.

Name: _____ Signature: _____

Net ID: _____ Empl ID _____

Email Address: _____
(Permission Code may be sent to you via Horizon email)

Current Degree Program: _____ Undergrad Major: _____

Concentration: _____ Dept Use: _____

COURSE REQUEST NAME	NUMBER	SECTION	Permission code

Have you taken Pre-Requisite classes or have substantiated evidence of knowledge of Pre-Requisite subject: No _____ Yes _____

If Yes, list Pre-Requisite Course(s) that were taken:

COURSE TAKEN	WHEN	GRADE	WHERE TAKEN

Course Instructor/Director Approval: _____

(For CBE GRAD Office use only)

APPROVED

NOT APPROVED

Signature _____

Date _____

Reason not approved _____