



# Seattle Pacific University

Student Academic Services  
3307 Third Avenue West  
Seattle, WA 98119-1997  
(206) 281-2031 FAX (206) 281-2669

## Special Approval Form

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Name: \_\_\_\_\_

SSN/SPU ID: \_\_\_\_\_ Quarter/Year of Request: \_\_\_\_\_

This form is not to be used for permission to enter closed classes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Class #1

The above named student has my permission to register for:

CRN: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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### Class #2

The above named student has my permission to register for:

CRN: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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### Class #3

The above named student has my permission to register for:

CRN: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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