



# Adrian College

## Permission Form- 19+ Semester Hours

Student Number \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Advisor Name: \_\_\_\_\_

Academic Advisor Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you completed a degree audit with the Registrar's Office? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Comments from Registrar's Office:  
\_\_\_\_\_  
\_\_\_\_\_

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above referenced student has permission to register for \_\_\_\_\_ credit hours at Adrian College for the \_\_\_\_\_ semester.

VP & Dean of Academic Affairs Signature: \_\_\_\_\_

Office Use Only	
Date Received	_____
Date Approved	_____
Student notified	_____