SUNY POLYTECHNIC INSTITUTE

PERMISSION TO ENTER A CLOSED SECTION

RETURN THIS CARD TO THE OFFICE OF REGISTRAR WITH REGISTRATION

Fall ___

Spring ___ Year ___

Summer ___

_____ _____

SUNY ID # Student's Name: Last Name, First Name

_____ _____ _____ _____ _____

CRN# SUBJ CRSE # SEC# COURSE TITLE

NOTE: This form is not valid unless signed by the course instructor or by the chair of the department offering the desired course. Submit to the College Office secretary or Registrar's Office..

_____ _____

Signature of the Chair or Instructor Date

9/10