

# HAMPTON UNIVERSITY

## SCHOOL OF LIBERAL ARTS & EDUCATION

### ADDING STUDENTS TO CLOSED CLASSES

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby grant permission to add \_\_\_\_\_ ID# \_\_\_\_\_,  
(Student's name)

to \_\_\_\_\_ which is closed.  
(Include Course Name, Number/Section and CRN #)

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE

\_\_\_\_\_  
DEPARTMENT CHAIR'S SIGNATURE

\_\_\_\_\_  
SCHOOL DEAN'S SIGNATURE

**The student is responsible for picking up this form and transporting it to the department in which the course is being offered, to the Dean's office and finally to the Registrar's office where the form will be processed.**

**After the deadline, this form must be accompanied by a Course Request Form signed by the Provost's Office.**

**I have read and understand the above statement.**

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Telephone

Total semester credits \_\_\_\_\_