

# AUTHORIZATION FOR DUAL REGISTRATION

PRINT NAME \_\_\_\_\_ QUARTER \_\_\_\_\_ 20\_\_\_\_

LAST FIRST MIDDLE

SCHOOL CLASS EMAIL ADDRESS PHONE

SUBJECT	CLASS NO.	CATALOG NO.	LEC	DISC/LAB	UNITS	PERMISSION NO.	I.D. NUMBER / EMPL. I.D.
ADD							
ADD							
ADD							APPROVAL SIGNATURE
DROP							DATE
DROP							
DROP							

THIS FORM CONSTITUTES APPROVAL OF REGISTRATION IN CLASSES OUTSIDE THE STUDENT'S CAREER OF STUDY.

REGISTRAR'S OFFICE

N.U. DUAL REGISTRATION