**Missouri State UniversityTM-West Plains**

**COURSE PERMISSION FORM**

Print form, complete, and send to:

Missouri State University-West Plains

Office of Registration & Records

128 Garfield Ave

West Plains, MO 65775

Or, the completed form may be scanned and emailed to: WPRR@missouristate.edu

Office of Registration & Records

417-255-7979 (phone)

**TO THE STUDENT**

Fill out the following student and course information, present it to the appropriate person(s) for signature(s), and return it to the Office of Registration and Records:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Last First MI Student ID Number Date

Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_Fall \_\_\_\_\_\_\_\_\_\_\_\_ Spring \_\_\_\_\_\_\_\_\_\_\_\_ Summer

CRN No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Code/Course No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section:\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE DEPARTMENT/FACULTY**

Check one:

\_\_\_Course permission (requires Instructor only)

\_\_\_Waiving prerequisite(s) (requires Instructor only)

\_\_\_Repeating course in which student is currently enrolled (requires Dept Head, Div Chair, then Academic Dean)

\_\_\_Taking course for the 3rd time (requires first the Department Head, then the Division Chair; OR a Scholastic Action form

within the past 2 major semesters)

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor or Department Head (circle)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Chair and/or Academic Dean (circle)

**FACULTY CONTACT INFORMATION**

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

Room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may contact any of the above via your Missouri State University-West Plains e-mail account by using the person’s [name@missouristate.edu](mailto:name@missouristate.edu) and acquire the required permissions. A printed or forwarded e-mail copy will be required by the Office of Registration and Records.

If you have any questions please contact the Office of Registration and Records at (417) 255-7979 or at [WPRR@missouristate.edu](mailto:WPRR@missouristate.edu).