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## PERMISSION TO TAKE COURSE

### Degree Completion/Main Campus

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID/SSN
MAJOR		PHONE	
EMAIL			
I am requesting to take course at <input type="checkbox"/> Main Campus <input type="checkbox"/> Degree Completion			
I have previously taken courses at the requested site. <input type="checkbox"/> YES <input type="checkbox"/> NO			

**\*Traditional undergraduate students are limited to one course per term and no more than three Degree Completion classes during their full undergraduate career.**

COURSE NO.	SUBJECT	
ADVISOR		DATE
Division Chair or Dean of School		DATE
STUDENT SIGNATURE		DATE