

Bluffton University  
Permission to Register for a  
**Closed Course**

The following student has my permission to register for the following closed course as indicated below:

Student name \_\_\_\_\_ Year and term \_\_\_\_\_

Course number & section \_\_\_\_\_ Course title \_\_\_\_\_

Permission granted by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Instructor)