WEST LIBERTY UNIVERSITY – Closed Class Approval Form

WINS ID Number

Student Name

Last Name First Name

_____ _____ _____ _____ _____

Instructor Name (please print) CRN # Department Course No. & Sec.

To date _____ students are registered for the course noted above. Additional students cannot be registered for this course without instructor approval. If you will allow this student to add this course, please sign and date below.

_____ _____

Instructor signature Date

***Note: Students will not be added to a course if they do not meet established Pre-requisites. Once Classes start this is invalid – an ADD slip is needed!**

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