

LCC Registrar Permission Form

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Closed Section **Overload** **Pre-Requisite** **Co-Requisite** **Late Enrollment** **Instructor**
 (Cap Reached) (Over Max hrs) (override) (override) (After Reg Deadline) Approval

LCC Student ID#:	Student Name	Semester

Subject &

Course #	Section #	Course Title	Credit Hrs	Instructor Signature

Student Signature	Date	Academic Director	Date	VP of Instruction	Date

Comments:
