

Department of History



Undergraduate Permit & Registration Form

MUST COMPLETE UNSHADED BOXES FOR EACH ENTRY

LAST NAME		FIRST NAME		L#
DATE	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR _____		OFFICE USE	
COURSE		ONLINE?	SECTION #	CRN
<input type="checkbox"/>	HI 490 (3) Special Topics	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE:				
INSTRUCTOR:				
PERMIT TYPE: <input type="checkbox"/> CAPACITY <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____				
COURSE		ONLINE?	SECTION #	CRN
<input type="checkbox"/>	HI 491 (3) History Internship Practicum	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE:				
INSTRUCTOR:				
PERMIT TYPE: <input type="checkbox"/> CAPACITY <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____				
COURSE		ONLINE?	SECTION #	CRN
<input type="checkbox"/>	HI 495 (0) Senior Thesis	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ASSOCIATED COURSE:				
INSTRUCTOR:				
PERMIT TYPE: <input type="checkbox"/> CAPACITY <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____				
COURSE		ONLINE?	SECTION #	CRN
<input type="checkbox"/>	HI 499 (3) Independent Study-Practicum	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE:				
INSTRUCTOR:				
PERMIT TYPE: <input type="checkbox"/> CAPACITY <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____				
OTHER – SUBJECT & COURSE NUMBER		ONLINE?	SECTION #	CRN
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE:				
INSTRUCTOR:				
PERMIT TYPE: <input type="checkbox"/> CAPACITY <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____				
OTHER – SUBJECT & COURSE NUMBER		ONLINE?	SECTION #	CRN
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO		
TITLE:				
INSTRUCTOR:				
PERMIT TYPE: <input type="checkbox"/> CAPACITY <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____				