



**THE UNIVERSITY OF NEW MEXICO
OFFICE OF THE REGISTRAR**

**ENROLLMENT
AUTHORIZATION**

Transaction **WILL NOT** proceed
without appropriate signatures

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CALL NO.

DEPT. PREFIX

COURSE NO.

SECTION NO.

SEMESTER/YEAR

<p>Permission to ENTER Closed Class</p> <hr/> <p>INSTRUCTOR'S SIGNATURE</p> <hr/> <p>DATE</p>
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STUDENT INFORMATION

NAME _____

SOCIAL SECURITY NO. _____

STUDENT'S SIGNATURE _____

DATE _____

<p>Permission to WITHDRAW After 12th Week</p> <hr/> <p>DEAN'S SIGNATURE</p> <hr/> <p>DATE</p>
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