REQUEST FOR CONSENT
Department of Drama

Today's Date: ______________________________ Desired Term: ___F ___W ___Sp ___Su

A separate form is required for each DRAMA course requiring consent. Please refer to the information provided on the reverse PRIOR to completion of this form to ensure you are familiar with departmental consent requirements.

Name:___________________________________________________ ID# ____________________ Phone# _________________
email: ___________________________ Faculty and Degree: ________________Major: _______________ Minor: ____________

Academic Year you will be in when the course occurs: _1 _2 _3 _4 _5

Course requiring consent: DR or TDES _______________ Section (e.g. B1) _______________ Course Number ____________

We are collecting this information to determine and verify your eligibility to take the above course. We do so under the authority of section 33© of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, call the Department of Drama office at 492-2271.

Prerequisite(s) For This Course:
Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________

Drama Courses Already Credited With:
Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________
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Drama ___________ Grade Received ___________ Instructor ______________________________________________

Drama Courses Currently Registered In:
Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________
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Drama ___________ Grade Received ___________ Instructor ______________________________________________
Drama ___________ Grade Received ___________ Instructor ______________________________________________

Please check with the Drama office to determine consent status.

To be completed by Department of Drama

Consent Granted/Denied by____________________________________________________________ Date: ________________

If closed to telephone registration, this student was registered by: ___________________________________ Date ___________

Confirmation with student: ______ spoke with student ______ email/telephone message ______ other ____________________