

Request to Enroll in Closed Class

Please complete this form if you are requesting enrollment in a class that is currently closed.

Full Name: _____ **LID:** 0000

LUC Email: _____ **Today's Date:** _____

Course for which you would like to register, i.e., ACWRI 105-001 (5349):

Subject	Course Number	Section Number	Class Number

Is there another section of this course that is currently open in the upcoming semester?

Yes No

What is the last term in which you expect to take classes at Arrupe College, i.e., "Summer 2024"? _____

Do you understand that requests are unlikely or less likely to be honored if there are other open sections of the class you are requesting, or if you could reasonably take the course in a future term?

Do you understand that receiving permission from the instructor of the closed class does not ensure that this request will be approve?

In the field below, please explain why it is necessary for you to enroll in this specific course at this time and during this term. Please also explain why you cannot register for a different section of this course that may currently be open, or why you cannot take it in a future term. Please note that additional documentation may be requested to support this request (i.e., a note from your employer if your work schedule is the reason for the request).