

University of San Diego

Professional and Continuing Education

Undergraduate Department Approval Form



Semester Date

Instructor Name

Instructor Email Instructor Telephone

Course Name

Course Number CRN

Permission form must be approved by instructor and department before your enrollment will be processed by USD Professional & Continuing Education.

I have agreed to allow _____ to participate in my course. I feel she/he is qualified, and space is available to allow this enrollment.

Instructor
Print Name Signature

Departmental/College/School Review

Associate/Assistant Dean or Chair
Print Name Signature

Date

Phone Number

Email