

**DEPARTMENT OF MUSIC
COLLEGE OF CHARLESTON**

COURSE REQUEST FORM

Name

Student ID Number

E-mail Address

Local Telephone Number

Date

Semester

By submitting this form, you are requesting permission to enroll in classes that require instructor or department permission. Please include all information for each course and check to be sure that you are requesting the correct level.

Use this form only for courses requiring permission. Do not include classes for which you can register yourself (Music Theory, Music Theory Lab, Music History).

CRN	Subject	Number	Section	Course Title	Professor

Advisor's Signature

Student's Signature