

MUHLENBERG

COLLEGE

SPECIAL ARRANGEMENT COURSE PERMISSION

PRINT NAME				
BERG I.D. NUMBER				
EXPECTED GRADUATION			TERM AND YEAR	

Please Print Clearly

COURSE NUMBER				
COURSE TITLE				

REASON FOR ENROLLING COURSE ON A SPECIAL ARRANGEMENT BASIS

SIGNATURES

_____	STUDENT	_____	DATE
_____	INSTRUCTOR	_____	DATE
_____	DEPARTMENT CHAIR	_____	DATE
_____	ACADEMIC ADVISOR /	_____	DATE
_____	ACADEMIC ADVISOR	_____	DATE