PERMISSION TO ENROLL IN AN HONORS CAROLINA COURSE

To Be Completed By Student BEFORE Instructor Approval

Student Name (please print): ___________________________________________ PID: ______________
Honors Course: ___________________________ Section: ___________ Semester: ______________

By signing below, I verify that I am seeking instructor permission for enrollment in this course, that I have a 3.0 (or higher) cumulative grade point average, and that I have satisfied all prerequisites, or am currently enrolled in any co-requisite course(s), necessary for enrollment.

Signature: ___________________________________________ Date: ______________

To Be Completed By Instructor

By signing below, I verify that this student has my permission to be enrolled.

Instructor Name (please print): ___________________________________________

Instructor Signature: __________________________________ Date: ______________

STUDENT MUST DELIVER COMPLETED FORM TO 225 GRAHAM MEMORIAL.

---

PERMISSION TO ENROLL IN AN HONORS CAROLINA COURSE

To Be Completed By Student BEFORE Instructor Approval

Student Name (please print): ___________________________________________ PID: ______________
Honors Course: ___________________________ Section: ___________ Semester: ______________

By signing below, I verify that I am seeking instructor permission for enrollment in this course, that I have a 3.0 (or higher) cumulative grade point average, and that I have satisfied all prerequisites—or am currently enrolled in any co-requisite course(s)—necessary for enrollment.

Signature: ___________________________________________ Date: ______________

To Be Completed By Instructor

By signing below, I verify that this student has my permission to be enrolled.

Instructor Name (please print): ___________________________________________

Instructor Signature: __________________________________ Date: ______________

STUDENT MUST BRING COMPLETED FORM TO HONORS CAROLINA, 225 GRAHAM MEMORIAL.