



Cedar Crest College

Office of the Registrar

Traditional Student Appeal for Permission to Enroll in an OCICU Course

Name: _____ ID#: _____

Class: _____ Major: _____

Address: _____

Phone #: _____ Date of Birth: _____

Email Address: _____

To request permission for a course to satisfy a major or liberal arts requirement, please list the major course equivalent or the appropriate liberal arts designation (HUM, WRI2, ART, MAT, SCI, etc)

Dept & Course Number	Course Title	CCC Equivalent or LAC Designation	Credits

Justification for Request:

Required Signature:

Student: _____ Date: _____

Advisor: _____ Date: _____

Chair*: _____ Date: _____

Chair+: _____ Date: _____

Registrar: _____ Date: _____

*Department in which the student is majoring (or the Advisor in the event the student is Deciding)

+Department in which the Cedar Crest College course equivalent is offered.