REQUEST FOR CONSENT Department of Drama

Today's Date: _____

Desired Term: ___F ___W ___Sp ___Su

A separate form is required for each DRAMA course requiring consent. Please refer to the information provided on the reverse **PRIOR to_completion of this form** to ensure you are familiar with departmental consent requirements.

Name:		ID#	Phone#	
email:	Faculty and Degree:	Major:	Minor:	
Academic Year you will be in when the	course occurs: 1	_23	_45	
Course requiring consent: DR or TDES	Section (e.c	. B1)	Course Number	

We are collecting this information to determine and verify your eligibility to take the above course. We do so under the authority of section 33[©] of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, call the Department of Drama office at 492-2271.

Prerequisite(s) For This Course:

Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama Courses Alrea	dy Credited With:		
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama Courses Curre	ently Registered In:		
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
Drama	_ Grade Received	Instructor	
	Drama office to determi	ne consent status.	
To be completed by De	epartment of Drama		
Consent Granted/Deni	ed by		Date:
If closed to telephone registration, this student was registered by:			Date
Confirmation with stude	ent:spoke with stud	dentemail/telephone message	other