



EASTERN  
MENNONITE  
UNIVERSITY

FORCE ADD REQUEST  
UNIVERSITY REGISTRAR'S OFFICE

Student's Name \_\_\_\_\_ ID # \_\_\_\_\_

Course \_\_\_\_\_  
                   Department                    Number / Section                    Title

Instructor:

This class is already full. If you are willing to admit this student to the class, please sign below and have the student return this approval form to the Registrar's Office.

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
 Office Use:                    \_\_\_\_\_initials                    \_\_\_\_\_date



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