

YOU MAY FAX THIS
FORM TO
207-288-2947

Print Last Name

Print First Name

COLLEGE OF THE ATLANTIC

INSTRUCTOR PERMISSION FORM
List only courses that require a signature

Due in Registrar's Office before 4:00 pm at close of registration period.

If you wish to register for a course(s) that requires the permission (**signature**) of the instructor, please use this form.

Return this form to the Registrar's Office before the 4:00 p.m. registration deadline.

Term: _____

| Course No. | Course Title | Instructor | Instructor Signature (Required) |
|------------|--------------|------------|---------------------------------|
| | | | |
| | | | |
| | | | |

Please Print Clearly

Student Signature

Date