

P590 Authorization

Semester / Summer Session

Academic Year

Term

Name: _____
(last) *(first)*

Student ID #: _____

I, _____ *hereby give my permission for this student to take P590 with me.*
Print Faculty Name

Date

Faculty member's Signature

Date Completed: _____

Grade: _____

Description:

For Marge Clark – entered class permission on: _____