

University of Houston  Clear Lake

School of Science & Computer Engineering

Filled Class Enrollment Request

Date: _____ Semester: _____

Student Name: _____ Student ID#: _____

E-Mail Address: _____ Telephone: _____

Please circle one: International Resident

Computer #: _____ Subject: _____ Course#: _____ Section: _____

Course Title: _____

Instructor: _____

Reason For Request:

Do Not Write Below Line

Eligibility: Must take ___ Can take ___ Wants to take ___

Faculty Advisor Signature: _____

Division Chair Signature: _____

Student Notified: _____ Date: _____