

SAMPLE

AUTHORIZATION FOR DUAL REGISTRATION

PRINT NAME Doe John A QUARTER Fall 20 09
 LAST FIRST MIDDLE
 SCHOOL 02-SESP CLASS 5-GRAD EMAIL ADDRESS jdoe2011@u.northwestern.edu PHONE 847-123-4567

N.U. DUAL REGISTRATION

| SUBJECT | CLASS NO. | CATALOG NO. | LEC | DISC/LAB | UNITS | PERMISSION NO. | I.D. NUMBER / EMPL. I.D. |
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APPROVAL SIGNATURE
1/1/2009
 DATE

THIS FORM CONSTITUTES APPROVAL OF REGISTRATION IN CLASSES OUTSIDE THE STUDENT'S REGISTRAR'S OFFICE CAREER OF STUDY.

*** Fill in ALL fields that are filled in on the sample form.**

AUTHORIZATION FOR DUAL REGISTRATION

PRINT NAME _____ QUARTER _____ 20____
 LAST FIRST MIDDLE
 SCHOOL _____ CLASS _____ EMAIL ADDRESS _____ PHONE _____

N.U. DUAL REGISTRATION

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