



**PERMISSION TO ENTER A CLOSED COURSE**

Office of Academic Services  
Phone: (630) 617-3250  
Fax: (630) 617-3245

**Student Name**

**Date**

\_\_\_\_\_

—

**S.S.N.**

**Term**

**Year**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Or Datatel #**

**Course**

**Title**

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\_\_\_\_\_

Department – Course Number – Section

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**Department Chair/Instructor's Signature (as required)**