



PERMISSION TO REGISTER FORM

College of Nursing
Procter Hall
3110 Vine Street
Cincinnati, OH 45521-0038

**PLEASE FILL THIS FORM OUT ENTIRELY.
INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED.
COMPLETED FORMS MUST BE SUBMITTED TO:
conoad@uc.edu**

Term requested: _____

Name: _____

***UCID** _____

Home Phone: _____ **Cell Phone:** _____

Email : _____

Degrees Held: _____

Click [here](#) to find available courses.

Course Number (i.e. NURSXXXX)	Section Number (i.e. 001, 002) do NOT write Class Number	Course Title

Reason you are requesting this course: _____

For Office Use Only

_____	_____	_____
Approve or Deny	Signature of Executive Director	Date

***You must have a UC student ID (M##-##-####) in order to enroll in classes. If you are not currently enrolled in a UC academic program, please complete and submit the required documents found [here](#) prior to submitting this form.**