



CLARK ATLANTA UNIVERSITY
Office of the University Registrar
Trevor-Arnett Hall Room 102
(404) 880-8938 (Voice)
(404) 880-6083 (Fax)

REGISTRATION FOR CLOSED CLASSES APPROVAL FORM

Students attempting to register for closed classes should follow the procedures shown below:

Attention Instructors of Record, Department Chairs, and Deans:

1. Students must obtain permission to register for closed classes from the Instructor of Record for the course, the Instructor of Record's Department Chair, and the Dean of the School in which the course is being offered. Requests for courses that are offered by more than one School within the university require separate Closed Class Approval Forms.
2. Instructors of Record, Department Chairs and Deans must ensure that class sizes are maintained at levels that are conducive to student learning.
3. Approving students to register for closed classes may exceed seating capacity, and a larger classroom may **not** be available. The University Registrar is the approval authority for **all** classroom assignments. Instructors of Record must ensure that there is available seating for each registered student in accordance with the approved maximum classroom capacity.
4. ***Students' requests for permission to register for closed classes must be received for processing by the University Registrar by the close of the final date for registration.***
5. ***Only Deans' designees are authorized to submit approved requests for permission to register for closed classes to the University Registrar.***

Attention Students:

1. As posted on the CAU website, review the academic calendar for the official registration dates.
2. Access **Bannerweb** to confirm that the class is entered correctly on the Registration For Closed Classes Approval Form.
3. Retain a date-stamped copy of this form for your files from the Office of the Dean of the School in which the course is being offered.

Name: _____ **Student ID:** _____ **Cell Phone:** _____

Semester _____ **Year:** _____ **Major:** _____

Classification: _____ **Email Address:** _____

CRN	Subject	Course Number	Section Number	Course Title	Instructor's Signature

JUSTIFICATION:

 Department Chair's Signature _____ Date _____ Dean's Signature _____ Date _____

REGISTRAR'S OFFICE USE ONLY	
Processed By: _____	Date: _____