

## TRANSFORMATION BEGINS HERE

## **GS7990** — Request for Enrollment in Graduate Course 7990

Student's name	::		Date:		
Email address:			CUID#:		
			permission to enroll in co		
Spring	Summer	☐ Fall	Year:		
Reason for requ	uest:				
I acknowledge t	that this form is valid	for one semester o	only and for the specific c	course listed above.	
Signature of student			Date		
Student advisor or de	partment chair signature	Print name		Date	
Craduata Sahaal sian	atura	Drint name		Data	

Return this form to **The Graduate School, E-106 Martin Hall** or attach it to an email to **GS-7990-form@lists.clemson.edu**