

REGISTRATION PREREQUISITE SUBSTITUTE/WAIVER/CONSENT FORM

Student Name: _____ Student ID #: _____

Student email: _____ Phone: _____

TERM: _____

TO BE FILLED IN BY INSTRUCTOR:

This student has consulted with me and has my consent to register in the following course:

DEPT	COURSE#	SECT#	COURSE TITLE	INSTRUCTOR (please print)

1. Consent to register for this course: _____
(Instructor's signature)

**Submit this form or ask the instructor to email consent to the Registrar's Office
(reg@lclark.edu) before your registration appointment.**

YOU WILL REGISTER ONLINE FOR THIS COURSE.