DEPARTMENT OF PSYCHOLOGY
REGISTRATION AUTHORIZATION (PERMITS)

NAME: ________________________ DATE: ________________________

SEMESTER: _________________ CIN: ________________________

DAYTIME PHONE #: (____) _________-____________

PSY COURSE 1: ____________ SECTION # (2 digit): ____________
PSY COURSE 2: ____________ SECTION # (2 digit): ____________
PSY COURSE 3: ____________ SECTION # (2 digit): ____________

COURSE PRE-REQUISITES: The department will verify that you have completed all prerequisites before posting your permit. A permit does not guarantee a seat in the class! It is still your responsibility to add the class once your enrollment date begins. If the section is full, you can waitlist or check GET frequently to see if a seat opens up.

Once completed, email this permit to dramon4@calstatela.edu; psych@calstatela.edu