

**DEPARTMENT OF PSYCHOLOGY
REGISTRATION AUTHORIZATION (PERMITS)**

Registration date:

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, save a copy, and email this permit to psych@calstatela.edu