



## WAIT LIST FORM

Please submit your form to Director Howard at [rshoward@syr.edu](mailto:rshoward@syr.edu).

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

SUID: \_\_\_\_\_

SYR Email: \_\_\_\_\_

Home College: \_\_\_\_\_

Major/Dual: \_\_\_\_\_

Class Standing: \_\_\_\_\_

Anticipated Graduation Date (mo. & yr.): \_\_\_\_\_

\* Permissions are NOT necessarily first come, first served.

\*Preference is given to students who need to fulfill degree requirements for their major.

### 1<sup>st</sup> Preference:

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Class Day / Time: \_\_\_\_\_

### 2<sup>nd</sup> Preference:

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Class Day / Time: \_\_\_\_\_

Will you be dropping a class to take this one? If so, which one?

Are you planning to audit this class or take it for credit? (Auditing means that you attend and/or participate in a class without earning credit.)

Why do you want to take this course this semester?

### SULA SEMESTER DIRECTOR COMMENTS:

Date/ Time form received: \_\_\_\_\_

\_\_\_\_\_ Yes, please issue a permission #

\_\_\_\_\_ No, please deny student