



WAIT LIST FORM

Please submit your form to Director Howard at 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.

1st Preference:

Course Name: _____

Course Number: _____

Class Day / Time: _____

2nd Preference:

Course Name: _____

Course Number: _____

Class Day / Time: _____

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

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
