



# FACULTY OF ARTS AND SCIENCES

## Opening Capacity Form

*Please attach your transcript and current registration schedule*

Student's Full Name: .....

Student's ID number: .....

Faculty: .....

Student's email: .....@.....

Major: .....

Student's phone number: .....

Class:  FR  SO  JR  SR  Prosp. Graduate  Graduate  Special

Date: .....

Course name and number: .....

Academic Adviser: .....

Adviser Recommendation:

Date: .....

Signature of Adviser: .....

**Chairperson's Decision (department in which the requested course is offered):**

Approved      CRN Number: .....

Declined

**Comments:** .....

.....

.....  
Date

.....  
Authorized Signature

.....  
Time

If approved, this form should be submitted to the Registrar's Office **within 24 hours**