

SCHOOL OF ART CLEARANCE REQUEST DATE _____

THIS FORM IS FOR CLEARANCE ONLY. IF THE REQUEST IS APPROVED AND CLEARED
YOU MUST REGISTER FOR THE CLASS EITHER ON THE *iCampus* OR *SIAS* SYSTEM.

NAME _____ UID# _____ TERM _____

COURSE TITLE _____ COURSE # _____ SECT _____

<input type="checkbox"/>	<u>PREREQUISITE CLEARANCE:</u> _____ APPROVED _____ NOT APPROVED
<input type="checkbox"/>	<u>CLOSED CLASS CLEARANCE:</u> _____ APPROVED _____ NOT APPROVED
<input type="checkbox"/>	<u>MAJOR BLOCK CLEARANCE:</u> _____ APPROVED _____ NOT APPROVED
<input type="checkbox"/>	<u>OTHER:</u> _____ APPROVED _____ NOT APPROVED

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