



PART I: STUDENT INFORMATION

Student Name: _____

PSU ID Number: _____

Academic Program: _____

OHSU ID Number: _____

PART II: COURSE INFORMATION

Requested Course List course subject code, number, and title (example: BSTA 525 Intro to Biostatistics)	Term, Year (ex: Sp22)	CRN	Credits (ex: 4)	Apply to List degree requirement course fulfills, or specify "elective"

PART III: APPROVALS

Course Instructor

Signature

Date

INSTRUCTIONS FOR STUDENT

1. Enter complete course information, including instructor signature.
2. Submit form as an attachment to sphregistration@ohsu.edu, using the subject line **Registration Request Instructor Permission: [Course Name], [Your Name]**.
3. You will receive confirmation that your request has been received. Submitting a request does not guarantee enrollment.
4. If instructor permission indicates an override of a registration restriction, your request will be held until 2 weeks prior to the start of the term.
5. At that time, if space allows, you will be notified that your request has been approved; you either will be registered for the course by staff or be sent instructions on how to complete registration yourself.

Submit this form as an attachment to sphregistration@ohsu.edu.
Use the subject line "Registration Request Instructor Permission: [Course Name], [Your Name]"