NAME: ___________________________ DATE: ___________________________

SEMESTER: ___________________________ CIN: ___________________________

DAYTIME PHONE #: (___) ______-___________

PSY COURSE 1: ___________ SECTION # (2 digit): __________

PSY COURSE 2: ___________ SECTION # (2 digit): __________

PSY COURSE 3: ___________ SECTION # (2 digit): __________

COURSE PRE-REQUISITES: The department will verify that you have completed all prerequisites before posting your permit. A permit does not guarantee a seat in the class! It is still your responsibility to add the class once your enrollment date begins. If the section is full, you can waitlist or check GET frequently to see if a seat opens up.

Once completed, email this permit to dramon4@calstatela.edu; msizemore@calstatela.edu