

**Saint Mary's College of California**  
**Office of the Registrar**  
**Phone: 925 631-4214**

**P.O. Box 4748**  
**Moraga, CA 94575**  
**Fax: 925 376-8339**

## **INSTRUCTOR'S PERMISSION FORM**

*(For those classes that require an instructor's consent to register.)*

**Please complete the following form and return to the Office of the Registrar prior to pre-registration.**

**NAME** \_\_\_\_\_ **ID#** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**TERM** \_\_\_\_\_ **COURSE** \_\_\_\_\_  
**Dept**                      **Course#**                      **Section**

**INSTRUCTOR** \_\_\_\_\_

**INSTRUCTOR'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_