



**MOLLOY
UNIVERSITY**

_____ Fall 20 _____

_____ Intersession 20 _____

_____ Spring 20 _____

_____ Summer 20 _____

CLOSED CLASS APPROVAL FORM

FIRST NAME: _____ LAST NAME: _____ MI: _____

STUDENT ID#: _____ COURSE NUMBER: _____

Only the Chairperson for the course or designee may approve entry into Closed Classes.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Approval Signature: _____ Date: _____