

**REQUEST FOR COURSE CLEARANCE\***

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Student Name: \_\_\_\_\_

UO ID:  –  –

Term of Participation: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_

Course Number: HPHY  CRN:

Instructor: \_\_\_\_\_ Email: \_\_\_\_\_

*OFFICE USE ONLY:*

E-Mail Confirmation:  No  Yes (Please attach)

*\*To be placed in student file*