

## Department of History Permission Slip

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Penn Email Address*

has my permission to enroll in the following course(s):

**Course number and section**

**Semester**

Course number and section	Semester

\_\_\_\_\_  
*Professor Signature*

**Deliver this to the Undergraduate Advising Office, 206D College Hall. You cannot be issued a permit if you are enrolled in a class that conflicts with the time of this course. Please drop all conflicting courses before submitting this permit.**