

East Arkansas Community College  
Academic Affairs  
Request for Closed Class Admission

\*Term Code: \_\_\_\_\_

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Student	I.D. Number
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has permission to enroll in my \_\_\_\_\_ class.

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Faculty	Date
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Department Chairperson	Date
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Vice President for Academic Affairs	Date
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***\*Please make sure the term code for the current semester is listed above.***