

Full-Time Equivalent (F Permit)

This form is used for students enrolled in Co-Ops, Internships and Professional Practice to provide the student with full-time status for reporting purposes. The permit must be signed by the Academic Advisor, Department Chair or Internship Coordinator.

Name:		YSU ID Number:
Semester/Session and Year (e.g. Fall 2007):		
CRN:	Course Title:	Course Number:

Please be aware that once this permit has been applied the student must notify the Office of the Registrar before making any additional changes to his/her schedule for the term. This permit must be reapplied after a registration transaction has been processed.

Approved by the Academic Advisor, Department Chair or Internship Coordinator	Date:

(Signature)	

A copy of this form must be submitted to the Office of the Registrar at the time of registration into the course. Each academic department is responsible for maintaining the original copy in the department/college.

FOR USE BY THE OFFICE OF THE REGISTRAR ONLY

TERM/YEAR: _____ DATE: _____ PROCESSED BY: _____
 NOTES: _____