

INDIANA UNIVERSITY MAURER SCHOOL OF LAW  
**Special Permission Form**

Student's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Applicable for the following semester: \_\_\_\_\_

Request:

\_\_\_\_\_ Special course load (more or less than normal)

\_\_\_\_\_ To enroll in a course needing permission

\_\_\_\_\_ To audit a course

\_\_\_\_\_ Other

Specifics of request or approval:

\_\_\_\_\_  
Approval Faculty – Please Print

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

PLEASE FORWARD TO LAW SCHOOL RECORDER FOR PROCESSING