

# PHIL-X 490 Authorization-Readings in Philosophy

\_\_\_\_\_  
*Semester / Summer Session*

\_\_\_\_\_  
*Academic Year*

\_\_\_\_\_  
*Term*

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**Name:** \_\_\_\_\_  
*(last)* *(first)*

**Student ID #:** \_\_\_\_\_

I, \_\_\_\_\_ hereby give my permission for this student to take X490 with me.  
Print Faculty Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty member's Signature

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**Date Completed:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Description of coursework:**

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For KayLee Witt – entered class permission on: \_\_\_\_\_