

# Mathematics Department

## REQUEST TO ENTER A CLOSED SECTION

*This request is limited to courses with prefix MTH and ACS.*

Please **submit this form via e-mail to** [mathrequests@msoe.edu](mailto:mathrequests@msoe.edu)

|                                                                                                                                                                                                                                                       |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Student Name:                                                                                                                                                                                                                                         | Student Number: |
| Course Requesting Entry Into (include preferred section):                                                                                                                                                                                             |                 |
| Academic Program:                                                                                                                                                                                                                                     |                 |
| Year in program at the start of the next academic quarter (check one):<br>Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Unknown/Other <input type="checkbox"/> |                 |

| Please list <b><u>ALL</u></b> courses you intend to take next quarter: |                                                           |                                                                      |
|------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <b>Course Number</b>                                                   | <b>Section Number</b><br><i>(if currently registered)</i> | <b>Have you requested to enter a closed section for this course?</b> |
|                                                                        |                                                           |                                                                      |
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| Reason for requesting a closed section:                                |                                                           |                                                                      |

*Submitting this form does not guarantee entrance into a closed section. External scheduling conflicts and instructor preference are not a priority in granting requests. Open sections of a course will be used when possible.*