



Hampden-Sydney College
Request for Dependent Child To Attend Classes
on Campus

OFFICE USE ONLY:

Dependent's Jenzabar ID #: _____

Dependent's Name: _____

Dependent's Date of Birth: _____

Employee's Name: _____

Title: _____

Department: _____

Date: _____

I am requesting approval by Hampden-Sydney College to attend the following class(es) on campus:

Semester: _____

Year: _____

Course Name:

Hour Schedule:

1.) _____

2.) _____

This class (does) (does not) have space available.

Signature of Registrar: _____

Date: _____

Dean of Faculty

I (give) (do not give) my permission for _____ to attend the above stated class(es).
(If permission is not allowed, please attach a letter of explanation.)

Dean of Faculty's Signature: _____

Date: _____

Dependent

Having received permission from the Registrar, Office of Student Aid and Records, and Dean of Faculty, I will be attending the above listed class (es).

Dependent's Signature: _____

Date: _____

THIS FORM MUST BE FORWARDED TO THE HUMAN RESOURCES OFFICE 10 DAYS PRIOR TO THE BEGINNING OF THE SEMESTER. THE HUMAN RESOURCES OFFICE WILL FORWARD ONE COPY TO THE OFFICE OF FINANCIAL AID AND THE REGISTRAR'S OFFICE. AN ADDITIONAL COPY WILL BE PLACED IN THE EMPLOYEE'S FILE.