YALE DIVINITY SCHOOL DOWNTOWN PERMISSION SLIP -
GRADUATE OR PROFESSIONAL SCHOOL COURSE

Use this form to take a course in another professional school
or for course numbers 500 and above

SID # ___________________________ DATE: _________________________

(Student’s name) ___________________________ has my permission to take the following course:

Course number: ___________________________ CRN #: ___________________________

Course Title: ________________________________________________________________

Instructor’s name ___________________________ Instructor’s signature: ___________________________