GRADUATE SCHOOL

CONSENT OF INSTRUCTOR (COI) FORM

This is to certify that ___________________________ with Student Number ___________________________ and SAIS ID ___________________________ is permitted to register (Course code) ___________________________, ______ units, and section (as it appears in SAIS) ________ for the ________ Semester/Mid Year ________

Professor’s / Instructor’s Signature Date Signed

Note: This form will not be processed unless all information required above is supplied. The Graduate School will only remove COI restriction, the student is responsible for enrolling the course via SAIS.

Copy for Graduate School

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Extra Copy

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