



*Be a part of a dynamic learning experience and challenge your potential!*

**Permission to Enroll in an Honors Class**

Please present this form to your counselor when you are requesting permission to register for your class.

Student Name (please print): \_\_\_\_\_

Brookdale I.D. Number: \_\_\_\_\_

Course Title / Number / Section: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Honors Coordinator Signature: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

I understand that if I wish to take additional Honors courses after completing this one, I must formally apply and be accepted to the Honors program.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

For an application, click "Honors at Brookdale" under "Quicklinks" at [www.brookdalecc.edu](http://www.brookdalecc.edu)

*Apply today and make a difference for your tomorrow.*