



**OPEN UNIVERSITY & SPECIAL SESSIONS INSTRUCTOR APPROVAL FORM**  
*for Fall, Spring, Summer & Winter*

Use this form to:

- Obtain the Instructor's signature
- Upload this completed form within the CSUMB Open University & Special Sessions Registration form

**STUDENT INFORMATION**

First Name	Middle Name	Last Name
Date of Birth	Email	

Select Term:    **Fall**    **Spring**    **Summer**    **Winter**    Enter Year: \_\_\_\_\_

**COURSE INFORMATION**

Course # (ex: 40148)	Subject & Number (CST 101, etc.)	Section (01, 90, etc.)	Units	Instructor's Signature*

\*If you have a permission number or email approval in lieu of instructor's signature, enter or upload them in your online registration form