

MOUNT HOLYOKE COLLEGE  
Office of the Registrar  
INSTRUCTOR PERMISSION

Term: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID (CID on your MHC ID): \_\_\_\_\_

Host Campus: (please circle) Amherst Hampshire Smith UMass

Course Department and Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please PRINT all requested information legibly. Thank you!