

BROWN UNIVERSITY

REQUEST TO LIMIT COURSE ENROLLMENT

(For courses whose maximum enrollment was not specified as part of CCC course approval)

Department _____

Instructor _____

Course Number _____ **Semester** _____ **Year** _____

Course Title _____

Request for limitation to _____ (number of students)

Reason for need to limit the number: Staffing/Budgetary Pedagogical/Education

If reasons are pedagogical, please send this form to the Lora Rossi, Associate Registrar, Box K, for distribution to the College Curriculum Council, with a copy to the Dean of Faculty. If reasons are budgetary/staffing, send the form to the Dean of Faculty, Box 1862, with a copy to Lora Rossi for the CCC.

Please explain briefly the reasons for seeking a limitation of enrollment and the basis on which students will be selected for the course. Please also describe how students will be informed of the procedures to be followed. Action to restrict the size of a course after students have registered and without prior notification should be avoided if at all possible.

Signature of Department Chair

Not approved _____	Approved _____	_____
		Signature of Dean of Faculty
Forwarded to the Registrar's Office _____		_____
		Date

cc: The Dean of Faculty
 College Curriculum Council