

**Permission to Take a Special Education Cohort Course with Another
County/Agency**

Email the completed, signed form to SpecEd@gmu.edu. If your request is approved, submit this form with your [registration form](#) for the course.

Name _____

GMU ID no. _____

Current School Division/Cohort# _____

Requested Course _____ Cohort Location _____

Semester Requested _____ GMU Email address _____

Phone: _____

Reason for Request _____

I understand that this is a one semester only request. Any other requests, for future semesters, must be submitted separately. I understand that I am responsible for paying the tuition rate in effect for the cohort in which I am taking the class.

Student Signature

Office use only

Request granted ☐

Comments/Notes:

Request denied

If denied, indicate reason: ☐

