

AUTHORIZATION FORM
Office of the Registrar

Schedule Conflict: Student should complete Parts A and B and have the instructor of each of the conflict courses sign in Part C approving the time overlap. Return the signed form to the Registrar's Office.

Credit Overload: Student should complete Part A and get the appropriate signature in Part D (Undergraduate students must have his/her advisor's approval; Graduate students need the permission of the Office of Graduate Education). Return the signed form to the Registrar's Office. NOTE: Graduate students will be charged for any credits exceeding 15 credit hours.

Closed or Restricted Courses and Pre-Requisite Requirement (Permission of Instructor): Complete Parts A and B. Have the Course Instructor sign this form in Part C approving your admission to the course. Return the signed form to the Registrar's Office. This form must be submitted by the Add Deadline.

After the Add Deadline, approval of the Advising & Learning Assistance Center (ALAC) is required

CRN# IS 5 DIGIT NUMBER IN LEFT COLUMN OF CLASS HOUR SCHEDULE

PLEASE CHECK APPROPRIATE TRANSACTION:

Form with four checkboxes: Schedule Conflict, Credit Overload, *Closed or Restricted Courses, *Pre-Requisite Requirement. (*NOTED AS PERMISSION OF INSTRUCTOR)

PART A:

Student ID Number: _____ - _____ - _____

Print Name: _____

LAST FIRST MI

Phone: _____ E-mail: _____

Indicate Term/Year: Fall ___ Spring ___ Summer ___ Session 1 ___ Session 2 ___ Session 3 ___
yr yr yr

PART B: REQUIRED FOR SCHEDULE CONFLICT, NOTED AS PERMISSION OF INSTRUCTOR

(#1) CRN# _____ Subject number section
[Example: 8 0 2 2 9 C S C I 1 1 0 0 0 1 1]

(#2) CRN# _____ Subject number section

PART C: PERMISSION OF INSTRUCTOR REQUIRED FOR SCHEDULE CONFLICT (SIGNATURES OF BOTH INSTRUCTORS), PRE-REQUISITE REQUIREMENT, RESTRICTED AND CLOSED COURSES.

(#1) Print Instructor's Name: _____ (Last name, first name, middle initial)

Instructor's Signature: _____ Date: ____/____/____

(#2) Print Instructor's Name: _____ (Last name, first name, middle initial)

Instructor's Signature: _____ Date: ____/____/____

PART D: REQUIRED FOR CREDIT OVERLOAD ONLY. GRADUATE STUDENTS WILL BE CHARGED FOR ANY CREDITS EXCEEDING 15 CREDIT HOURS.

TOTAL CREDITS APPROVED _____

Print Advisor's Name: _____ (Last name, first name, middle initial)

Advisor/Office of Graduate Education Signature: _____ Date: ____/____/____

NOTE: ADVISING & LEARNING ASSISTANCE CENTER LOCATED IN ACADEMY HALL ROOM 4226. THE OFFICE OF GRADUATE EDUCATION IS LOCATED AT 1516 PEOPLES AVE