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: Undergraduate students will be charged for any credits exceeding 23 credit hours. 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:

<table>
<thead>
<tr>
<th>Schedule Conflict</th>
<th>Credit Overload</th>
<th>*Closed or Restricted Courses</th>
<th>*Pre-Requisite Requirement</th>
</tr>
</thead>
</table>

(*NOTED AS PERMISSION OF INSTRUCTOR)

PART A:
Student ID Number: ________ - ________ - ________

Print Name: ______________________________________________________________________________________________

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 02 2 9  C S C 1  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. UNDERGRADUATE STUDENTS WILL BE CHARGED FOR ANY CREDITS EXCEEDING 23 CREDIT HOURS. 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

(4/2018) Please make photocopy for your own records