**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: 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>
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<tbody>
<tr>
<td><strong>PART A:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Student ID Number: ______ - ______ - ________</td>
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<tr>
<td>Print Name: ___________________ ________________</td>
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<td>Phone: ___________ E-mail: _______________</td>
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<tr>
<td>Indicate Term/Year: Fall ___ Spring ___ Summer ___ Session 1 ___ Session 2 ___ Session 3 ___</td>
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**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 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