**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. The completed and signed form should be emailed to the Registrar’s office at registrar@rpi.edu.

**Credit Overload:** Students should complete Part A and get the appropriate signature in Part D (Undergraduate students must have his/her advisor's approval AND class dean's approval; Graduate students need the permission of the Office of Graduate Education). The signed form should be emailed to the Registrar’s Office at registrar@rpi.edu. NOTE: Undergraduate students will be charged for any credits exceeding 23 credit hours. Graduate students will be charged for any credits exceeding 16 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. The completed and signed form should be emailed to the Registrar’s office at registrar@rpi.edu. This form must be submitted by the Add Deadline. *After the Add Deadline, please complete the LATE ADD/DROP form as this form will no longer be accepted for course additions.*

**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><em>Closed or Restricted Courses</em></th>
<th><em>Pre-Requisite Requirement</em></th>
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<td><em>(NOTEED AS PERMISSION OF INSTRUCTOR)</em></td>
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**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

(#) CRN# _____________ _____________ _____________ _____________ _____________

Subject _____________ number _____________ section _____________

[Example: 8 0 2 2 9  C  S  C 1  1 1 0 0 0 1 1]

(#) CRN# _____________ _____________ _____________ _____________ _____________

Subject _____________ number _____________ section _____________

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

(#) Print Instructor's Name: _______________________________________________________________________________________

(Last name, first name, middle initial)

Instructor's Signature: __________________________________________________________________________________________

Date: _____ / _____ / _____

(#) Print Instructor's Name: _______________________________________________________________________________________

(Last name, first name, middle initial)

Instructor's Signature: __________________________________________________________________________________________

Date: _____ / _____ / _____

**PART D:** REQUIRED FOR CREDITS EXCEEDING 21 ONLY. UNDERGRADUATE STUDENTS WILL BE CHARGED FOR ANY CREDITS EXCEEDING 23 CREDIT HOURS. GRADUATE STUDENTS WILL BE CHARGED FOR ANY CREDITS EXCEEDING 16 CREDIT HOURS. TOTAL CREDITS APPROVED__________

Advisor Signature: __________________________________________________________________________________________

Class Dean Signature: __________________________________________________________________________________________

Office of Graduate Education Signature: __________________________________________________________________________

Date: _____ / _____ / _____

All completed and signed forms should be sent to the Registrar's Office at registrar@rpi.edu

(8/2021)