

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 AND class dean'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 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. Return the signed form to the Registrar's Office. 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:

Form with checkboxes for Schedule Conflict, Credit Overload, *Closed or Restricted Courses, and *Pre-Requisite Requirement. Includes a note: (*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 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 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: ___/___/___

THE OFFICE OF GRADUATE EDUCATION IS LOCATED AT 1516 PEOPLES AVE