COURSE AUTHORIZATION FORM

This authorization permits a student to register for a restricted course. If adding this course results in your total number of credits exceeding 18, you MUST drop a course or obtain permission from the Dean of your major to overload before this course authorization will be processed.

Last Name: ____________________________  First: ____________________________  M.I.: ____________________________  Phone: ____________________________

Student ID Number: ____________________________  Semester/Year of Add: ____________________________

Student Level (circle):  FR  SO  JR  SR  NM  PB  Priority Registration Dates—From: ____________________________  To: ____________________________

CRN: ____________________________  Subject: ____________________________  Course: ____________________________  Section: ____________________________

Title: ____________________________  Professor: ____________________________  Credits: ____________________________

[PROFESSOR: Please initial next to the restriction(s) you wish to override. Those not initialed will not be overridden.]

Level/Class/Major/School/College Co-requisite Closed Pre-requisite 1)  2)  Time Conflict*

FORM VALID UNTIL: ____________________________  Date: ____________________________

Last Date Registrar can Process per Instructor

*Time conflicts must be initialed by both professors.

Professor: ____________________________  Phone ext.: ____________________________  Date: ____________________________

Professor's signature is required.

Department Chair: ____________________________  Phone ext.: ____________________________  Date: ____________________________

Chair's signature required for courses within the College of Arts & Sciences and to authorize PE activity courses.

Advisor: ____________________________  Phone ext.: ____________________________  Date: ____________________________

Advisor's signature is required.

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