Office of the Registrar  
COURSE AUTHORIZATION

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.

### STUDENT INFORMATION

Name: ______________________________________  Student ID#: ___________________________

Student Level (circle):  FR SO JR SR NM PB  
Phone#: ___________________________  [ ] Cell  [ ] Home

Semester/Year of Course Add: _____________ / _____________  
Priority Registration Dates—From: _____________  To: _____________

### COURSE INFORMATION

CRN: _____________  Subject: _____________  Course: _____________  Section: _____________

Title: ______________________________________________________________  
Professor: __________________________________________________________  Credits: _______

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**PLEASE INITIAL NEXT TO THE RESTRICTION(S) YOU WISH TO OVERRIDE**

<table>
<thead>
<tr>
<th>Professor Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level/Class/Major/School/College</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Optional—FORM VALID UNTIL: / /</td>
</tr>
</tbody>
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Professor Signature: __________________________________________  Phone ext.: _______  Date: _____________

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**REQUIRED FOR ALL COURSES**

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**REQUIRED FOR COURSES IN THE COLLEGE OF ARTS AND SCIENCES & DEPARTMENT OF HUMAN PHYSIOLOGY**

Department Chair Signature: __________________________________________  Phone ext.: _______  Date: _____________

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**REQUIRED FOR PE ACTIVITY COURSES**

Director Signature: __________________________________________  Phone ext.: _______  Date: _____________

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**REQUIRED FOR COURSES IN THE SCHOOL OF ENGINEERING & APPLIED SCIENCE**

If overriding a pre-requisite restriction for the course, the following reasoning and signatures must be provided. Please provide below a note of explanation and justification for the pre-requisite override as this is required by the School of Engineering & Applied Science. Note that this form does not represent authorization to remove the requirement to complete the prerequisite course prior to graduation.

Student justification:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Advisor Signature: __________________________________________  Phone ext.: _______  Date: _____________

Dean Signature: __________________________________________  Phone ext.: _______  Date: _____________

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College Hall Rm 229 • AD Box 83 • Spokane, WA 99258 • Telephone (509) 313-6592 • Fax (509) 313-5828

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