



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/Ext: _____
Student ID Number _____ Semester/Year of Add: _____
CRN: _____ Subject: _____ Course: _____ Section: _____
Title: _____ Professor _____ Credits: _____

Professor: Please initial next to the restriction(s) you wish to override.

_____ Level/Class/Major/School/College _____ Time Conflict _____ Campus _____ Co-requisite
_____ Linked Course _____ Closed _____ Pre-requisite

Restrictions that are not initialed will not be overridden.

Professor: _____ 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 activity courses.

Advisor: _____ Phone ext.: _____ Date: ____/____/____
Signature required for all students

College Hall Room 229 AD Box 83 Spokane, WA 99258-0083 Telephone (509) 313-6592 FAX (509) 313-5828



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/Ext: _____
Student ID Number _____ Semester/Year of Add: _____
CRN: _____ Subject: _____ Course: _____ Section: _____
Title: _____ Professor _____ Credits: _____

Professor: Please initial next to the restriction(s) you wish to override.

_____ Level/Class/Major/School/College _____ Time Conflict _____ Campus _____ Co-requisite
_____ Linked Course _____ Closed _____ Pre-requisite

Restrictions that are not initialed will not be overridden.

Professor: _____ 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 activity courses.

Advisor: _____ Phone ext.: _____ Date: ____/____/____
Signature required for all students

College Hall Room 229 AD Box 83 Spokane, WA 99258-0083 Telephone (509) 313-6592 FAX (509) 313-5828