

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: _____ / _____ / _____ *Time conflicts must be initialed by
Last Date Registrar can Process per Instructor both professors.

Professor: *Please Initial Above Before Signing* 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.