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: _______

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

<table>
<thead>
<tr>
<th>Professor Use Only</th>
<th>Level/Class/Major/School/College</th>
<th>Co-requisite</th>
<th>Closed</th>
<th>Pre-requisite</th>
<th>Time Conflict*</th>
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*must be initialed by both professors

Optional—FORM VALID UNTIL: _____________ / _____________ / _____________ (Last Date Registrar can Process per Professor)

Professor Signature: ____________________ Phone ext.: _____________ Date: _____________

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**Please View Below For Additional Required Approvals**

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### REQUIRED FOR COURSES IN THE COLLEGE OF ARTS AND SCIENCES

Department Chair Signature: ____________________ Phone ext.: _____________ Date: _____________

### REQUIRED FOR PE ACTIVITY COURSES

Director Signature: ____________________ Phone ext.: _____________ Date: _____________

### 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: _____________