

# REGISTRATION PERMISSIONS FORM

NAME \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle/Maiden

SEMESTER/TERM \_\_\_\_\_ YEAR \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

CLASSIFICATION (Circle One): FR SO JR SR MAJOR \_\_\_\_\_  
(0-29) (30-59) (60-89) (90+)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Academic Overload (19+ Hours)** NOTE: ACCOMPANIED BY COMPLETED DROP/ADD FORM FOR OVERLOAD COURSE(S).

The above named student has my permission to enroll in a total of \_\_\_\_\_ credit hours.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Entry to a Closed Class**

Course/Number/Section/Title \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prerequisite(s) Waiver/Override**

Course/Number/Section/Title \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Repeat Course**

Course/Number/Title of Repeated Course \_\_\_\_\_

Purpose of Repeat \_\_\_\_\_ Number of Times Taken \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Time Conflict**

Course/Number/Section \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Course/Number/Section \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b> Date Processed in Datatel	<b>PROCESSED BY</b>
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Registrar or Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_