



**NORTHWEST**  
MISSOURI STATE UNIVERSITY  
MARYVILLE | KANSAS CITY

## REGISTRAR'S OFFICE

### Add (UG/GRAD)/Closed Class or Prerequisite Override Request Form

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[VIEW ADD, DROP & WITHDRAWAL POLICIES](#)

#### REQUESTOR (STUDENT) INFORMATION

\* Adam  
FIRST NAME

\* McClain  
LAST NAME

\* 919586824  
USER ID (919#)

\* S540149@nwmissouri.edu  
NORTHWEST EMAIL

#### WHAT DO YOU WANT TO DO?

- \* ☐ I REQUEST PERMISSION TO ADD A CLASS (TIME CONFLICT, SUPERSEDE COURSE LECTURE W/O LAB, ETC.)
- ☐ I REQUEST PERMISSION TO DROP A COURSE TO ADD A CLASS
- ☒ I REQUEST PERMISSION TO ENROLL IN A CLOSED CLASS OR OVERRIDE A PREREQUISITE AND ENROLL IN THIS COURSE

#### ADD FORM (UG/GRAD), CLOSED CLASS OR PREREQUISITE OVERRIDE REQUEST

##### COURSE INFORMATION

TERM \* Spring

YEAR \* 2024

PART OF TERM \* 1 - Full Term

COURSE CRN # \* 23742

COURSE # \* 13388

SECTION # \* 01

COURSE TITLE \* Interface Design

##### SELECT REQUEST TYPE

(Select all that apply)

- ☒ I request to add this course/class
- ☐ I request to enroll in this this closed class
- ☒ I request to override course prerequisites and enroll in this course

##### SUMMARIZE REASON FOR YOUR REQUEST

**Note:** I cases of prerequisite error, please describe, specifically, the prerequisite error for which you are asking an override.

If a detailed reason is not included, your request may be delayed.

(500 characters available)

\* I am currently enrolled and taking the prerequisite for this class this current fall 23 semester. I have a 94% in the class and need to take interface design next semester to graduate on time.

## PROVIDE COURSE INSTRUCTOR INFORMATION



Consult CatPAWS to identify instructor of the course using [CLASS OPENINGS AT A GLANCE](#). You can also login to CatPAWS and review your detailed class schedule in the Registration area within the Student menu.

You can also find instructor email addresses in the [CAMPUS DIRECTORY](#) or consult your advisor for assistance.

- **NOTE:** If the instructor name is Staff, please use the email for the appropriate Department Chair or School Director in place of instructor.
- **IMPORTANT:** Approval is required by Director/Chair. Your course instructor will enter that information in his/her section of this form.

\* Feixue  
INSTRUCTOR FIRST NAME

\* Mei  
INSTRUCTOR LAST NAME

\* FMEI@nwmissouri.edu  
INSTRUCTOR NORTHWEST EMAIL



PLEASE MAKE SURE TO DOUBLE-CHECK **COURSE INSTRUCTOR EMAIL ADDRESS** BEFORE SUBMITTING THIS FORM. THE FORM WILL **AUTOMATICALLY** BE SENT TO THE EMAIL ADDRESS YOU PROVIDED FOR THE COURSE INSTRUCTOR.

IF THE EMAIL IS **INCORRECT**, YOUR FORM WILL **NOT** MOVE FORWARD, AND you WILL NEED TO CONTACT THE REGISTRAR'S OFFICE AT [REGISTRAR@NWMISSOURI.EDU](mailto:REGISTRAR@NWMISSOURI.EDU) FOR ASSISTANCE.

\* ☒ YES, I HAVE DOUBLE-CHECKED THE COURSE INSTRUCTOR EMAIL ADDRESS FOR ACCURACY!

UPLOAD THE [TEAC](#) EMAIL YOU RECEIVED

## REQUESTOR (STUDENT) ACKNOWLEDGEMENT OF RESPONSIBILITY

### By registering for classes at Northwest Missouri State University:

- I agree to pay all fees and other financial obligations to the University as they become due. I understand that the non-payment of any financial obligation may result in my administrative withdrawal from classes.
- I understand that the first bill of each semester will be mailed to my permanent address, and that all subsequent bills will be emailed to my University email account.
- I understand the payment due dates for the fall semester are the 15th of August, September, October and November. Payment due dates for the spring semester are the 15th of January, February, March and April. Payment for the summer semester is the 15th of May.
- I understand that if I do not pay my bill in full by the start of the semester, or sign up for an installment plan, I will be auto-enrolled in an installment plan and/or a \$20 late fee will be applied to my account.
- I understand that, if my financial obligations are not paid when due, the University may retain an attorney or collection agency to assist with the collection of the outstanding financial obligation. I understand that the collection agency may report balances and payment history to any or all national credit bureaus. I agree to reimburse the University for actual costs of collection, including reasonable interest, reasonable attorney's fees, court costs, and reasonable collection agency fees.
- I understand that I must go into CatPAWS by the first day of the term and verify that I intend to attend the courses in which I am enrolled, or my enrollment will be cancelled.

\*

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*Adam McClain*

10/25/2023, 3:44 PM

REQUESTOR (STUDENT) SIGNATURE DATE

**NOTE:** Once you sign your name, please scroll to the bottom of the form and click the [Submit](#) button to start the form approval process.

Professor/Instructor  
Signature

Electronic Signature Pending

Department Chair/School  
Director Signature

Electronic Signature Pending