

# AUTHORIZATION FORM

## Office of the Registrar

**Schedule Conflict:** Student should complete Parts A and B and have the instructor of each of the conflict courses sign in Part C approving the time overlap. Return the signed form to the Registrar's Office.

**Credit Overload:** Student should complete Part A and get the appropriate signature in Part D (Undergraduate students must have his/her advisor's approval AND class dean's approval; Graduate students need the permission of the Office of Graduate Education). Return the signed form to the Registrar's Office. **NOTE: Undergraduate students will be charged for any credits exceeding 23 credit hours. Graduate students will be charged for any credits exceeding 16 credit hours.**

**Closed or Restricted Courses and Pre-Requisite Requirement (Permission of Instructor):** Complete Parts A and B. Have the Course Instructor sign this form in Part C approving your admission to the course. Return the signed form to the Registrar's Office. This form must be submitted by the Add Deadline.

**\*After the Add Deadline, please complete the LATE ADD/DROP form as this form will no longer be accepted for course additions.\***

**\*\*CRN# IS 5 DIGIT NUMBER IN LEFT COLUMN OF CLASS HOUR SCHEDULE\*\***

PLEASE CHECK APPROPRIATE TRANSACTION:

<input checked="" type="checkbox"/> <b>Schedule Conflict</b>	<input type="checkbox"/> <b>Credit Overload</b>	<input type="checkbox"/> <b>*Closed or Restricted Courses</b>	<input type="checkbox"/> <b>*Pre-Requisite Requirement</b>
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(\*NOTED AS PERMISSION OF INSTRUCTOR)

**PART A:**  
Student ID Number: 661 - 97 - 5384

Print Name: Michael Golub

Phone: (973) 9 LAST golumb FIRST MI

Indicate Term/Year: Fall     Spring     Summer 21 Session 1 ☐ Session 2 ☐ Session 3 ☐  
yr yr yr

**PART B: REQUIRED FOR SCHEDULE CONFLICT, NOTED AS PERMISSION OF INSTRUCTOR**

(#1)	CRN#	1	67	2	1	MATH	4300-0	
						Subject	number	section
[Example:		8	0	2	2	9	C S C I	1 1 0 0 0 1 ]
(#2)	CRN#	1	65	3	6	CS	2960	
						Subject	number	section

**PART C: PERMISSION OF INSTRUCTOR REQUIRED FOR SCHEDULE CONFLICT (SIGNATURES OF BOTH INSTRUCTORS), PRE-REQUISITE REQUIREMENT, RESTRICTED AND CLOSED COURSES.**

(#1) Print Instructor's Name: Gregor Kovacic  
(Last name, first name, middle initial)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(#2) Print Instructor's Name: Turner Wesley D  
(Last name, first name, middle initial)

Instructor's Signature:  Date: 03/12/2021

**PART D: REQUIRED FOR CREDITS EXCEEDING 21 ONLY. UNDERGRADUATE STUDENTS WILL BE CHARGED FOR ANY CREDITS EXCEEDING 23 CREDIT HOURS. GRADUATE STUDENTS WILL BE CHARGED FOR ANY CREDITS EXCEEDING 16 CREDIT HOURS. TOTAL CREDITS APPROVED \_\_\_\_\_**

Advisor Signature: \_\_\_\_\_

Class Dean Signature: \_\_\_\_\_

Office of Graduate Education Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THE OFFICE OF GRADUATE EDUCATION IS LOCATED AT 1516 PEOPLES AVE**