

# Authorization Approval Form

*Bellarmino University policy requires special permission (authorization) in order to register for classes in certain circumstances. In order to be registered for the requested course, this form must be completed and submitted by the student, to the Registrar's Office, on or after their registration day and time, but no later than the registration deadline for the semester.*

**STUDENT NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Check the following reason(s) you are seeking an authorization and obtain official approval by securing the required signatures. You may attach an email approval from the appropriate authority if you are unable to secure a signature in person.

\_\_\_\_\_ **PERMISSION TO ENROLL IN A CLOSED COURSE**

Course Number and Section \_\_\_\_\_ Credits \_\_\_\_\_

Course Title \_\_\_\_\_

(Include lab section if separate lab exists. If lab and lecture have different instructors, both must sign)

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **PERMISSION TO ENROLL IN A COURSE WITHOUT THE PREREQUISITE(S)**

Course Number and Section \_\_\_\_\_ Credits \_\_\_\_\_

Course Title \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **PERMISSION TO ENROLL IN A COURSE WITH A REGISTRATION RESTRICTION**

(e.g. certain "class standing" required, instructor approval required, scholars only sections, etc)

Course Number and Section \_\_\_\_\_ Credits \_\_\_\_\_

Course Title \_\_\_\_\_

List here the registration restriction that is being overridden \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **PERMISSION TO ENROLL IN TWO COURSES WITH TIME CONFLICTS**

Course Numbers and Sections \_\_\_\_\_ Credits \_\_\_\_\_

Course Titles \_\_\_\_\_

Both instructors' signatures required:

Instructor 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return this completed form at the time of registration or no later than the add/drop deadline of the semester in which you are seeking the authorization to: registrar@bellarmine.edu*