1

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.

<u>Credit Overload:</u> 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 15 credit hours.

<u>Closed or Restricted Courses and Pre-Requisite Requirement (Permission of Instructor)</u>: 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, approval of the Advising & Learning Assistance Center (ALAC) is required

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

	ASE CHECK APPROPE											
	Schedule Conflict	dule Conflict Credit Overload			d	*Closed or Restricted Courses *F				Pre-Requisite Requirem		
	T A: ent ID Number:						(*NOTED A	AS PERMISS	SION (OF INSTE	RUCTOR	K)
Prin	Name:											
Phor	L/ ne:	AST	E-n	nail:			FI	RST		M	I	
ndi	rate Term/Year: Fall yr		ring yr		Sur	mmeryı	_ Session 1	_ Session 2 _	Ses	ssion 3		
PAR #1	T B: REQUIRED FOR CRN#								UCTO	PR		
Exa	mple: <u>8</u> <u>0</u>				Sub	ject <u>C</u> <u>I</u>	number <u>1 1 0 0</u>	section $0 1$				
(#2) CRN#				Sub		number	section				
PAR	T C: PERMISSION OF INSTRUCTORS),											
#1	Print Instructor's Name	: _										_
					(Last na	me, first i	name, middle ini	tial)				
nstr	uctor's Signature:							I	Date: _	/	/	_
#2	Print Instructor's Name	e:										_
					(Last na	me, first i	name, middle ini	tial)				
nstr	uctor's Signature:							Ι	Date: _	/	/	_
	T D: REQUIRED FOR CREDITS EXCEE EXCEEDING 15 C	DIN	G 23 C	REDIT H	OURS.	GRADUA	ATE STUDENT	S WILL BE	CHAI	RGED FO		
Clas	s Dean Signature:											
Adv	sor/Office of Graduate Ed	ucati	on Sign	ature:						Date:	/	/

NOTE: ADVISING & LEARNING ASSISTANCE CENTER LOCATED IN ACADEMY HALL ROOM 4226.
THE OFFICE OF GRADUATE EDUCATION IS LOCATED AT 1516 PEOPLES AVE