

AUTHORIZATION FORM

Office of the Registrar

Closed or Restricted Courses and Pre-Requisite Requirement (Permission of Instructor): Please go to the instructor of the course(s) in order to get these permissions added.

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.**

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:

	Schedule Conflict		Credit Overload
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PART A:

Student ID Number: 662 - 028 - 619

Print Name: Fuller Hayden J
 (503) 333-4444 LAST FIRST MI

Phone: (502) 303-1118 E-mail: fulleh@rpi.edu

[illegible]

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

(#1)	CRN#	<u>7</u>	<u>5</u>	<u>9</u>	<u>3</u>	<u>4</u>	P	H	Y	S	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6</u>	
							Subject				number				section		
[Example:		<u>8</u>	<u>0</u>	<u>2</u>	<u>2</u>	9	<u>C</u>	<u>S</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>1</u>

(#2) CRN# 7 6 8 8 5 C S C I 2 3 0 0 0 3
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: Yener, Bulent
 (Last name, first name, middle initial) 11/13/22

Instructor's Signature: Bulent Yoner (Last name, first name, middle initial) 11/13/22
Date: 11 / 13 / 22

(#2) Print Instructor's Name: West, Damien
(Last name, first name, middle initial)

Instructor's Signature:  Date: 11 / 13 / 2022

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