



COURSE EXCEPTION APPROVAL

Name:		ID #:	
Term:		Class: SR <input type="checkbox"/> JR <input type="checkbox"/> SO <input type="checkbox"/> FR <input type="checkbox"/>	
Course Number:	Section Number:	Credits:	
Course Title:			

CHECK ALL THAT APPLY FROM THE OPTIONS LISTED BELOW:
<input type="checkbox"/> I do not have the prerequisite(s) or corequisite(s) for this course. <i>(Instructor signature required)</i>
<input type="checkbox"/> The section is currently CLOSED. <i>(Instructor and Department Chair signatures required)</i>
<input type="checkbox"/> The instructor's approval is required for registration. <i>(Instructor signature required)</i>
<input type="checkbox"/> I am repeating this course. <i>(Advisors signatures required)</i>
<input type="checkbox"/> This course is in time conflict with another course on my schedule. <i>(Instructor and Advisors signatures required)</i>
<input type="checkbox"/> This course will put me in overload (exceeding 18 credits). NOTE: This will result in a credit overload fee – contact Bursar's Office for a fee schedule. <ul style="list-style-type: none"> <input type="checkbox"/> 19 total credits: <i>(Advisors and Registrar signatures required)</i> <input type="checkbox"/> 20-21 total credits: This option requires that the student petition the Student Academic Development Committee for approval. Contact the Registrar's Office for instructions on the petition process. <i>(Advisors signatures required.)</i>
<input type="checkbox"/> I am auditing this course. <i>(Instructor, Advisors, and Department Chair signatures required)</i>

***Financial Agreement:** By registering for classes, you are entering into a legally binding obligation to pay all tuition, fees and other charges connected to this registration. If you fail to pay this obligation by scheduled due dates, you may have to pay additional costs associated with any collection efforts, including late fees, attorney's fees, collection agency commissions, court costs and other costs that might be incurred by the College in its collection efforts.*

Student's Signature: _____ Date: _____

Obtain required signatures for each option as noted above:

	Print Name	Signature	Date
Instructor			
POE Advisor			
GEN Advisor			
Department Chair			
Registrar			