



COURSE EXCEPTION APPROVAL

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

<input type="checkbox"/> I do not have the required prerequisite(s) for this course. List prerequisite(s) below.		
<i>Prerequisite:</i>	<i>Prerequisite:</i>	
<input type="checkbox"/> I am not going to take the required corequisite(s). List corequisite(s) below.		
<i>Corequisite:</i>	<i>Corequisite:</i>	
<input type="checkbox"/> The section is currently CLOSED (<i>Department Chair signature required</i>)		
<input type="checkbox"/> <i>I do not have the required prerequisite(s)</i>	<input type="checkbox"/> <i>Place me on waitlist</i>	<input type="checkbox"/> <i>Move me from waitlist into the course</i>
<input type="checkbox"/> The instructor's approval is required for registration.		
<input type="checkbox"/> I am repeating this course.		
<input type="checkbox"/> This course will put me in overload (exceeding 18 credits): I will petition to the Student Academic Development Committee to take ____ credits this semester. I understand that I will not be registered for this course until the Registrar's Office receives approval from the Student Academic Development Committee. NOTE: This course is subject to an overload fee. See Bursar's Office for additional information.		

***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: _____

Please **PRINT** the instructor/advisor's name:

Instructor: _____

Instructor's Approval
(Emailed approval should be attached to form)

Date

Department Chair: _____
(Required ONLY if course is closed)

Department Chair's Approval
(Emailed approval should be attached to form)

Date