



COURSE ENROLLMENT AUTHORIZATION

SEMESTER: Fall _____ Spring _____ Summer _____ DATE: _____

STUDENT NAME: _____ ID#: _____

STUDENT SIGNATURE: _____ EMAIL: _____

Please check the following box(es) that pertain to your desired action. You must obtain the necessary signature(s) before your petition request will be considered.

I am seeking to register for a course that:

- I lack a pre-requisite/level course(s)
- is currently full

Course #,
(ex: ART-101-01)

Instructor's Signature

School Director/Dept Chair Signature

Course #,
(ex: ART-101-01)

Instructor's Signature

School Director/Dept Chair Signature

I am an undergraduate student seeking to register for a graduate level course

Course #,
(ex: ART-101-01)

Instructor's Signature

Graduate School Director Signature

I am seeking to register for a course that has a time conflict with another class

Course 1 # Course 2 #
(ex: ART-101-01)

Instructor #1 Signature

Instructor #2 Signature

I am an undergraduate student seeking to :

- register for more than 18 credits

Total credits requested above 18? _____ Cumulative GPA: _____

_____ Reason for request: _____

Signature of Academic Dean or Assoc Academic Dean Date

I am an undergraduate student seeking to:

- audit a course

Course: _____

Signature of Academic Dean or Assoc Academic Dean Date

Processed by _____ Date _____