



Return completed form to the Registrar's Office in the Moore Building, Room 147M.

Printed Student Name: _____ ID #: C _____ Registration Term: _____

Student Signature: _____ Date: _____

CLOSED COURSE: Add this course, above the course maximum seat limit.
 Course: _____ Section #: _____
 Instructor Signature: _____

CREDIT OVERLOAD: Add this course, if seats are available, even though it means you will be registered for more than 18 credits.
 Course: _____ Section #: _____
 Maximum Credit Requested: _____

PRE-REQUISITE/CO-REQUISITE: Add this course, if seats are available, without the required pre-requisite/co-requisite.
 Course: _____ Section #: _____
 Instructor Signature: _____
 Department Chairperson Signature: _____

TIME OVERLAP: Add this course, if seats are available, which overlaps with another course for which you are already registered.
 Course: _____ Section #: _____
 Instructor Signature: _____

COURSE(S) WHICH DO NOT COUNT TOWARD DEGREE REQUIREMENTS OR ARE REPEATING PASSED COURSE(S).
 Course: _____ Section #: _____
 Course: _____ Section #: _____

The following signatures are required for all sections of this form:
 Advisor Signature: _____ Date: _____
 Financial Aid Signature: _____ Date: _____