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's Signature

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

_____
Instructor's Signature

_____
School Director's Signature

☐ **I am an undergraduate student seeking to register for a graduate level course**   ☐ **I am seeking to register for a course that has a time conflict with another class**

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

_____
Instructor's Signature

_____
Graduate School Director's Signature

_____   _____
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**

☐ **audit a course**

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

Current GPA: _____
Major: _____

_____
Signature of Dean of the Faculty   Date

Reason for request: _____
_____
_____

Processed by _____   Date _____