If you wish to obtain special approval to register for a course, please complete the appropriate section(s) below, obtaining all necessary signatures, and return this form to the Office of the Registrar.

Student Name __________________________________________

ID ___________________________ Term __________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>SUBJECT</th>
<th>COURSE #</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Override the maximum limit for course seating for this student in this section.

INSTRUCTOR SIGNATURE ___________________________ DATE __________

B. Authorize the instructor approval required to enroll this student in this section.

INSTRUCTOR SIGNATURE ___________________________ DATE __________

C. Waive the prerequisite or corequisite requirement for this student in this section.

INSTRUCTOR SIGNATURE ___________________________ DATE __________

D. Waive the class restriction and/or the reserve seating restriction for this student in this section.

INSTRUCTOR SIGNATURE ___________________________ DATE __________

E. Authorize the student to enroll in course with conflicting schedule.

INSTRUCTOR SIGNATURE ___________________________ DATE __________

CONFLICTING COURSE INFORMATION

<table>
<thead>
<tr>
<th>CRN</th>
<th>SUBJECT</th>
<th>COURSE #</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTOR SIGNATURE ___________________________ DATE __________

F. Authorize the student to enroll in this section on a potential credit basis. This section will be listed for this student for credit. It is the student’s responsibility to notify the instructor and the Registrar’s Office by the published deadline if she decides to drop the course. Please see the college catalog for details on this option.

INSTRUCTOR SIGNATURE ___________________________ DATE __________