

# OFFICE OF THE REGISTRAR

## Course Registration Waiver Request after 8<sup>th</sup> day of the Semester

### Student Information

Date:	
Name (Print):	Signature:
ID number:	
Academic Semester & Year:	

### Course Information

Department:	
Section Number:	
CRN:	
Course Title:	

### Please Waive:

<input type="checkbox"/> Course Pre-requisite	
<input type="checkbox"/> Capacity Limit*	
<input type="checkbox"/> Deadline for adding a course*	
<input type="checkbox"/> Other: please explain	

### Required Signatures:

Course Instructor: \_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
(Signature and Date)

Recommend Approval   
Approval Not Recommended

Chair of Department offering course  
Or Chair's official designee:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature and Date

Deadline to register for Independent Study, Thesis, Internships, and Special Projects is the same deadline for adding a course.

Please return completed forms to the Registrar's Office, Davidson Hall, Room 116

**Approved if no "HOLDS" are on the student's record**

**For Office Use Only:**

Processor:  
Date:  
MB 09/06

Special Notes:

Registrar:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature and Date