Enrollment Exception Form

Please allow the following student to be added to my class per the criteria identified below:

_____   _____
Student ID #   Student Name

_____   _____
Course # & Section   Course Title

Term: Year_____Fall_____Spring_____Summer_____

Please check all that apply:

O **Course Overload:**
I will allow this student to enroll only if Enrollment Services can certify that all course prerequisites have been satisfied. I acknowledge I will increase my class size by one.

O **Waiving Course Prerequisites:**
I have assessed this student's academic skills and agree to override the course prerequisites.

_____   _____
Instructor Signature   Date

Terms and Conditions:

Students enrolling per the approvals above are subject to the semester *Refund Policy* regardless of the date of enrollment.

This form **must** be returned to the Student Information Center on the date signed by the instructor for your registration to be processed.

Please refer to the *Refund Policy* listed in the semester Advising Schedule or the Student Accounts website prior to enrolling late.

_____   _____
Student Signature   Date

Processed by:_____