# Registration and Override Permission Request Form

## Student Information
(Please print)

First Name ___________________ Last Name ___________________ ID #0000 ___________________

Undergraduate Program _______ Graduate Program _______ Major 1 _________ Major 2 _________

New Student _________________ Returning Student _______________ Visiting Student _______________

Full-time course load: Graduate= 9 credits Undergraduate= 12 credits

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Course ID</th>
<th>Section</th>
<th>Title of Course</th>
<th>Days/Times</th>
<th>Credits</th>
<th>Year</th>
<th>Term (SP/SU/FA)</th>
<th>Session</th>
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<td>B (last 7)</td>
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</tbody>
</table>

## Override Permission
(Required for undergraduate students taking 7-week courses-Open to seniors only)
Required for waiver of prerequisite of a course

Reason: __________________________

## Billing Policy
By registering for classes or authorizing charges to be added to your account, you represent to us that you have the intention and ability to pay and you promise to pay for all charges placed on your account as well as any service fees or other fees that may be due. Should your account become delinquent at any time, the University may refer your account to a collection agency and/or litigate to collect the balance of the indebtedness. You agree to be responsible to pay all collection agency fees to the University, which may be based on a percentage at a maximum of 50% of the debt, plus all costs and expenses, including reasonable attorneys’ fees, that the University incurs for efforts to collect any amount not paid when due.

## Approvals
(ALL signatures MUST be obtained before form will be processed by Registrar’s Office)

Advisor #1 Signature/Date ____________________________________________________________

Advisor #2 Signature/Date ____________________________________________________________

Program Chair or Director Signature/Date (Only for Overrides) _____________________________

Dean Signature/Date (Only for Overrides) ________________________________________________

Student Signature/Date _______________________________________________________________

Registrar’s Office ___________________________ Date ____________________________ REG 7/20

Registrar’s Office Phone: 973-290-4460 Fax: 973-290-4499