

## Registration and Override Permission Request Form

	formation (F		t) Last Name			ID #0	0000	
						 Major 2		
					Visiting Student			
			9 credits Underg			3		
Office Use Only	Course ID	Section	Title of Course	Days/Times	Credits	Year	Term (SP/SU/FA)	Session A (first 7) Full (15) B (last 7)
	(Requ	lired for un	<b>Overr</b> dergraduate studer Required for waiv	_	k courses-O		eniors only)	
Reason:								
Billing Po	olicy							
By register intention at or other fee account to responsible of 50% of t	ing for classe nd ability to p es that may b a collection a e to pay all co he debt, plus	e due. Sho gency and egency and allection ag all costs a	rizing charges to be u promise to pay fo uld your account b l/or litigate to colle gency fees to the U and expenses, inclu- aid when due.	or all charges ploecome delinquect the balance niversity, which	laced on you uent at any of the inde may be ba	our accountime, the btedness sed on a	int as well as ar University may s. You agree to percentage at	ny service fees v refer your be a maximum
Approval	s (ALL signat	tures MUS	T be obtained be	fore form will b	pe process	ed by Re	egistrar's Office	e)
Advisor #1	Signature/D	Date						
Advisor #2	? Signature/D	ate						
Program C	Chair or Direc	tor Signat	ure/Date (Only fo	r Overrides) _				
Dean Sign	ature/Date (0	Only for O	verrides)					
Student Si	gnature/Date	e						
Registrar's Office			Date_		_		REG 7/2	