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

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<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 A (first 7)</th>
<th>Full (15)</th>
<th>B (last 7)</th>
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**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 College 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 College, 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 College 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 Signature/Date __________________________

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