

LAST NAME _____

Fall 201 ____

FIRST NAME _____

MIDDLE INITIAL _____

Spring 201 ____

SOCIAL SECURITY NUMBER (last 4 digits)

STUDENT ID

Summer 201 ____

EMAIL _____


Some course have restrictions that prevent your enrollment. Your advisor will assist you in obtaining the appropriate override signatures for these courses.

Course Code	Dept	Course Number	Credits	Day(s)					Time	Override Reason (if necessary)	Override Signature(s)
				M	T	W	T	F			

COMMENTS

The courses above were agreed upon by student and advisor. Any change could negatively affect the student's ability to graduate in a timely manner or complete academic requirements.

I acknowledge that this registration creates a financial obligation, which can only be adjusted by withdrawal prior to the first day of University classes.

Student's Signature	Date		Advisor's Signature	Date

ADVISING HOLD REMOVED