



Exception in Registration Request Form

Student's Name (print): _____ SAU ID#: _____

Major: _____ Minor: _____

My signature below confirms that should my request be granted to register outside of SAU academic policies, I do not hold SAU responsible for any resulting negative consequences. I understand that if this request is not granted, I will need to work with my academic advisor to make changes to my schedule and/or academic plan.

Student Signature

Date

Please complete the section below that applies to the request you are making. If you are requesting more than one exception in any section, please use an additional form.

EXCEPTION TO REGISTER FOR A COURSE WITH AN UNMET PREREQUISITE

Semester of Registration: ____ Fall ____ Spring ____ Interim Year: _____

Course: (e.g. ENG 104) _____ Section: _____

Unmet Prerequisite/s: _____

Rationale for Request:

Department Chair Signature

Date

Registrar Signature

Grant

Deny

Date

EXCEPTION TO MAXIMUM CREDIT HOUR LOAD

Semester of Registration: ____ Fall ____ Spring ____ Interim Year: _____

Current Cumulative GPA: _____ Total Credit Hours Requested: _____

Rationale for Request:

Registrar Signature

Grant

Deny

Date

EXCEPTION TO REGISTER IN COURSES OVERLAPPING IN TIME (NOT REQUIRING ADDITIONAL FACULTY LOAD)

REGISTRATION OF OVERLAPPING COURSES THAT REQUIRE FACULTY TO DO ADDITIONAL WORK WILL REQUIRE A TUTORIAL FORM INSTEAD.

Semester of Registration: ____ Fall ____ Spring ____ Interim Year: _____

Overlapping Course #1: (e.g. ENG 104) _____ Day/Time (e.g. T/R 9:45-10:55) _____

Overlapping Course #2: (e.g. ENG 104) _____ Day/Time (e.g. T/R 10:30-11:45) _____

I grant permission for _____ to arrive to/leave my class late/early. I confirm this allowance will not require additional load for me. All make up work/time will be the responsibility of the student.

Instructor Signature

Date

Department Chair Signature

Date

Registrar Signature

Grant

Deny

Date