

Registration Prerequisite Substitute/Waiver/Consent Form

Student Name: _____ Student ID #: _____

Student Email: _____ Phone: _____

TERM: _____

TO BE FILLED IN BY INSTRUCTOR/ADVISOR/DEPARTMENT CHAIR:

This student has consulted with me and has my consent to register in the following course:

DEPT	COURSE #	SECT #	COURSE TITLE	INSTRUCTOR (please print)

1. Consent to register for this course: _____
(Instructor/Advisor signature)

2. Consent to register **over the course limit:** _____
(Instructor/Advisor signature)

Advisors must notify the instructor of record if authorizing a student to register over the course limit.

- The Registrar's Office will register you at your registration appointment day or the following business day after this form is submitted.
- If the course is full, you will be added to the WAITLIST, unless the instructor has given consent to register you over the course limit.

You MUST submit this form to your Academic Department Office.