



**APPROVAL TO REGISTER**

Student's Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Class Item Number: \_\_\_\_\_ Course ID: \_\_\_\_\_

Class/Program: \_\_\_\_\_

Class/Program Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

(Check all that applies)

- Class is full -- OK to overload this student*
- Student may admit/register for this course*
- Variable Credit – Student will enroll for \_\_\_\_\_ Credits*
- Student is re-entering*
- Student may audit this course*
- Waive course/program pre-requisites*

Instructor Name: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Instructor's Signature Date

*Submit this form to Enrollment Services office, Bldg. 17.  
This approval expires 5 business days from date of signature.*

**For Enrollment Services office use only**

Quarter  
Fall \_\_\_\_\_  
Winter \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

Processed by: \_\_\_\_\_  
Date