

UNIVERSITY OF PIKEVILLE

REGISTRATION PERMISSIONS REQUEST FORM

NAME _____ ID # _____
Last First Middle/Maiden

Semester (Circle One): FALL SPRING MAY SUMMER YEAR _____

CUMULATIVE GPA _____ MAJOR _____

CLASSIFICATION (Circle One): FR SO JR SR MBA TLP MSW
(0-29) (30-59) (60-89) (90+)

Student's Signature _____ Date _____

Academic Overload (19+ Hours) (NOTE: LIST COURSE CAUSING OVERLOAD BELOW).

The above named student has my permission to enroll in a total of _____ credit hours.

Department _____ Number _____ Section _____ Title _____

Advisor's Signature _____ Date _____

Prerequisite(s) Waiver/Override

Course/Number/Section/Title _____

Rationale _____

Instructor's Signature _____ Date _____

Repeat Course

Course/Number/Title of Repeated Course _____

Purpose of Repeat _____ Number of Times Taken _____

Advisor's Signature _____ Date _____

Time Conflict Override

Course/Number/Section _____ Instructor's Signature _____

Course/Number/Section _____ Instructor's Signature _____

Instructor Approved Resolution _____ Date _____

OFFICE USE ONLY

PROCESSED BY _____	DATE PROCESSED _____
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