

# UNIVERSITY OF PIKEVILLE

## REGISTRATION PERMISSIONS REQUEST FORM

NAME \_\_\_\_\_ ID# \_\_\_\_\_

Last

First

Middle/Maiden

Semester (Circle One): FALL SPRING MAY SUMMER YEAR \_\_\_\_\_

MAJOR \_\_\_\_\_

CLASSIFICATION (Circle One Below)

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 \_\_\_\_\_

Business Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid 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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