

Authorization Approval Form

Bellarmino University policy requires special permission (authorization) in order to register for classes in certain circumstances. In order to be registered for the requested course, this form must be completed and submitted by the student, to the Registrar's Office, on or after their registration day and time, but no later than the registration deadline for the semester.

STUDENT NAME: _____ **ID NUMBER:** _____

SEMESTER: _____ **DATE:** _____

Check the following reason(s) you are seeking an authorization and obtain official approval by securing the required signatures. You may attach an email approval from the appropriate authority if you are unable to secure a signature in person.

_____ **PERMISSION TO ENROLL IN A CLOSED COURSE**

Course Number and Section _____ Credits _____

Course Title _____

(Include lab section if separate lab exists. If lab and lecture have different instructors, both must sign)

Instructor Signature _____ Date _____

Dept Chair Signature _____ Date _____

_____ **PERMISSION TO ENROLL IN A COURSE WITHOUT THE PREREQUISITE(S)**

Course Number and Section _____ Credits _____

Course Title _____

Instructor Signature _____ Date _____

Dept Chair Signature _____ Date _____

_____ **PERMISSION TO ENROLL IN A COURSE WITH A REGISTRATION RESTRICTION**

(e.g. certain "class standing" required, instructor approval required, scholars only sections, etc)

Course Number and Section _____ Credits _____

Course Title _____

List here the registration restriction that is being overridden _____

Instructor Signature _____ Date _____

Dept Chair Signature _____ Date _____

_____ **PERMISSION TO ENROLL IN TWO COURSES WITH TIME CONFLICTS**

Course Numbers and Sections _____ Credits _____

Course Titles _____

Both instructors' signatures required:

Instructor 1 Signature _____ Date _____

Instructor 2 Signature _____ Date _____

Return this completed form at the time of registration or no later than the add/drop deadline of the semester in which you are seeking the authorization to: registrar@bellarmine.edu