



Enrollment Exception Approval Form

This form is to be used ONLY for the enrollment exception reasons below. All other registrations should be done within Workday. **For exception reasons #1-4, forms will not be accepted after the add period ends for each respective semester/term.** Enrollment for exception reason #5 may or may not be approved. Students are responsible for any charges incurred by adding courses. Carefully read the options below and complete the appropriate section. Begin the process with your advisor. For exception reasons #1-4, submit the completed form to the administrative assistant of your college/school. For exception reason #5, submit the form to the Office of the Registrar.

Student Information (Please Print)

Last Name	First Name	Middle Initial

Semester/Year (choose one): Fall 20____ Spring 20____ Summer 20____

Enrollment Exceptions

Reasons for Exception:

All signatures are required for each exception reason below.

Reason for Exception #1: Time Conflict (must obtain permission from all faculty involved) - Instructor Signatures ONLY Required

Course Prefix	Course Number	Section	Instructor Signature	Instructor Signature

Reason for Exception #2: Override Course Capacity - Instructor and Dean of the College/School of the Course Signature Required

Course Prefix	Course Number	Section	Instructor Signature	Dean Signature

Reason for Exception #3: Traditional student seeking enrollment in Post-Traditional course—Academic Advisor and Dean of the College/School of the Course Signature ONLY Required

Course Prefix	Course Number	Section	Academic Advisor Signature	Dean Signature

Reason for Exception #4: Hour overload— 19th hour requires Dean and Advisor Signature; 20+ hours requires Office of the Provost and Academic Advisor Signature

Course Prefix	Course Number	Section	Academic Advisor Signature	Dean Signature	Office of the Provost Approval

Reason for Exception #5: Policy Appeal—Add after Add/Drop Period— Advisor Signature, Instructor Signature, Registrar Signature, and Office of the Provost Approval

Course Prefix	Course Number	Section	Academic Advisor Signature	Instructor Signature	Registrar Signature	Office of the Provost Approval

Student Signature: _____ **Date:** _____

Office Use ONLY

Date processed:	Processed by:
-----------------	---------------