

## **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.

A separate form must be used for each course enrollment exception.

Student In	<b>iformation (I</b>	Please	Print)								
Last Name			First Na			20			Middle	e Initial	
Semester/Year (choose one):			Fall 20		Spring 20 Summer 20			)	Wilde	, milai	
	t Exceptions				- Ea						
<b>Reasons for</b> All signature	•	for each	·			ulty invol	ved) - <b>Instructor S</b>	Signatur	es ONLY Require	d	
Course Prefix	Course Prefix Course Number		Section		Instructor Signature				Instructor Signature		
Reason for Exc	eption #2: Override	e Course (	Capacity - <b>I</b> I	nstructor and	Dean of	the Colle	ge/School of the	Course	Signature Requir	ed	
Course Prefix Course Number		r Sect	Section		Instructor Signature			Dea	Dean Signature		
	eption #3: Tradition re ONLY Required		nt seeking	enrollment in	Post-Tra	ditional c	ourse— <b>Academic</b>	: Adviso	r and Dean of the	College/School of the	
Course Prefix	Course Numbe	r Sec	Section		Academic Advisor Signature				Dean Signature		
	eption #4: Hour ov									Signature; 22+ hours Ilso be required).	
Course Prefix	Course Number	Secti	on Aca	ndemic Advis	nic Advisor Signat		Dean Signature		Office of the Pro	ovost Approval	
Reason for Exc Provost Approv		Appeal—A	dd after Ad	d/Drop Perio	d— <b>Advis</b>	or Signat	ure, Instructor Si	gnature	, Registrar Signat	ure, and Office of the	
Course Prefix	Course Number Section Acade		Academic	lemic Advisor Signature		Instructor Signature		Registrar Signature		Office of the Provost Approval	
	_			_							
Student Signa	ature:						Date:				
Office Use O	NLY										
Date processed: Processed by:											