GONZAGA
U N I V E R S I T Y

Office of the Registrar
COURSE AUTHORIZATION

This authorization permits a student to register for a restricted course. If adding this course results in your total number of credits exceeding 18, you MUST drop a course or obtain permission from the Dean of your major to overload before this course authorization will be processed.

STUDENT INFORMATION

Name:_____ Student ID#:_____

Student Level *(circle)*: FR   SO   JR   SR   NM   PB   Phone#:_____ ☐ Cell ☐ Home

Semester/Year of Course Add:_____ / _____   Date Assigned Registration Begins:_____

☐ Pre-Registration

COURSE INFORMATION

CRN:_____ _____ _____ _____ _____   Subject:_____ _____ _____ _____   Course:_____ _____ _____   Section:_____ _____

Title:_____ Professor:_____ Credits:_____

REQUIRED FOR ALL COURSES

Professor Use Only *(PLEASE INITIAL NEXT TO THE RESTRICTION(S) YOU WISH TO OVERRIDE)*

_____Class   _____Co-requisite   _____Pre-requisite   *Optional*--FORM VALID UNTIL:
(Last Date Registrar can Process per Professor)

_____Closed   _____Duplicate   _____Professor

_____College/School   _____Major   1)_____ 2)_____Time Conflict*   _____ / _____ / _____
*must be initialed by both professors

Professor
Signature:_____ Phone ext.:_____ Date:_____

- *Please View Below For Additional Required Approvals* -

REQUIRED FOR COURSES IN THE COLLEGE OF ARTS AND SCIENCES

Department
Chair Signature:_____ Phone ext.:_____ Date:_____

REQUIRED FOR PE ACTIVITY COURSES

Director
Signature:_____ Phone ext.:_____ Date:_____

REQUIRED FOR COURSES IN THE SCHOOL OF ENGINEERING & APPLIED SCIENCE

*If overriding a **pre-requisite** restriction for the course, the following reasoning and signatures must be provided. Please provide below a note of explanation and justification for the pre-requisite override as this is required by the School of Engineering & Applied Science. Note that this form does not represent authorization to remove the requirement to complete the prerequisite course prior to graduation.*

Student justification:_____

_____

_____

_____

_____

Advisor
Signature:_____ Phone ext.:_____ Date:_____

Dean
Signature:_____ Phone ext.:_____ Date:_____