Registration Options Form – Registrar's Office

Student LAST Name: _____ Student ID (A-Number): _____

Student FIRST Name: _____ Date: _____

Semester: ◯ Fall ◯ Spring ◯ Summer Academic Year: _____

*THIS FORM ONLY VALID WITHIN THREE (3) BUSINESS DAYS OF THE AUTHORIZED SIGNATURES

Course Add

Instructions for Adding a course: This section is for CLOSED/FULL courses, AND courses that always require the instructor's signature for registration, or for auditing. ***This section is to be signed by the authorized course instructor ONLY***. (Dropping a course does not require instructor's signature and can be done online through 60% of the term/session)

CRN (5 digits)	Dept.	Course #	Section	Credits	Instructor Signature* →	Printed Last Name	Sig. Date*	Audit?

Course Authorization

Instructions for Course Authorization: This section is for the authorization of PREREQUISITES, Degree/Major, Level, and other restrictions. This section is to be signed by the COURSE ADVISOR or DEPARTMENT HEAD ONLY. ***Instructors CANNOT approve any of the restrictions listed above unless they are also the academic advisor!***

CRN (5 digits)	Dept.	Course #	Section	Credits	Advisor Signature* →	Printed Last Name	Sig. Date*

Time Conflict

Instructions for Time Conflict Approval: This section is to approve courses that have conflicting times in the Access/Banner system. ***If Banner indicates a conflict, this form is REQUIRED***, regardless of whether or not the courses actually conflict. This section may, when signed, be submitted to your academic advisor who can grant electronic authorization which will allow you to register online. Or, you may acquire the signatures and return this form to the Registrar's Office.

CRN (5 digits)	Dept.	Course #	Section	Credits	Instructor Signature* →	Printed Last Name	Sig. Date*	Audit?

Pass / D+, D, F Option

Instructions for Pass / D+, D, F Option: This section is to change the grading mode of a course from standard letter grade to *Pass / D+, D, F*. A notation of 'P' DOES NOT affect student GPA. D+, D, or F grades WILL BE CALCULATED INTO STUDENT GPA. ***Your Academic Advisor's signature is required; this option cannot be reversed!***

CRN (5 digits)	Dept.	Course #	Section	Credits	Course Title

Academic Advisor Signature*: _____ Date: _____

Advisor Printed Name: _____

18+ Credit Authorization

Instructions for 18+ credit Approval: This section is to approve a student to take over 18 credits for the semester indicated on this form. This section must be signed by your ACADEMIC ADVISOR. Your advisor also MUST INDICATE the MAXIMUM total number of credits (i.e. 21). You will be sent back to your advisor if the exact number is not written.

Academic Advisor Name (please print): _____

I authorize this student for a maximum of _____ credits for the indicated term.

Academic Advisor Signature*: _____ Date: _____

I certify that the information above is correct and no unauthorized changes have been made. I also certify that all signatures are authentic and free of forgery. I understand that forging a signature or providing false information can lead to USU suspension.

STUDENT SIGNATURE (required): _____ **DATE**: _____

For complete registration policies, dates, and other university information, please visit www.usu.edu 08/2012

FOR OFFICE USE ONLY - Processed By: Date: