PRAIRIE VIEW A&M UNIVERSITY REGISTRATION & SPECIAL APPROVAL FORM Rev. 3/31/08

Term Data		CS			Fall	Summer	Spring
	Student ID#		**Major**	**Classification**	**Semester/ Year**		
Name (Please print)							
	Last	**First**	**MI**		**Email Address**		

Course Selections (First Choice)					**Alternate Selections (Second Choice)**				
ACTION	CRN AND COURSE AND NUMBER	SEC. #	HRS	COURSE LEVEL	ACTION	CRN AND COURSE NUMBER	SEC. #	HRS	COURSE LEVEL
Circle one below	*Example: CRN 1 0 0 4 8 MISY 1013*	*P01*	*3*	*UG*	*Circle one below*	*Example: CRN 1004 8 MISY 1013*	*P03*	*3*	*UG*
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD OR RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE		Total Hours			DD or RE				

DD = Drop without record   RE=Add course

Student Signature_____Date_____

Advisor Signature_____Date_____

SPECIAL APPROVAL:
Please list course(s) and check box(es) for the appropriate override/approval:

Course(s)	

☐ Pre- and/or Co-Requisite Override Approval **(Pre and/or Co-Requisite Overrides must be approved by the dept. head offering the course)**

☐ Special Approval: Dept Head

☐ Course Enrollment Capacity Override

☐ Time Conflict Override Approval **(Please complete back of this form for time conflict override approval)**

☐ Maximum Credit Hours Approval (Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students. **(Please complete back of this form for maximum credit hours approval)**

*Dept. Head Signature*_____ Date_____

*Dean Signature*_____Date_____
(Dean's signature and processing required for Time Conflict and Maximum Credit Hours Approval)

Note: Per the TAMUS Records and Retention Schedule, departments must retain this document for one year after the close of the registration semester.

Student Name: _____ : ID#_____

Justification for Course Time Conflict Resolution

The above student has extenuating circumstances and has permission to be advised and registered in the following course section(s) that have a time conflict:

Course Name, Number and Section: _____ CRN:_____ Time:_____

Course Name, Number and Section: _____ CRN:_____ Time:_____

The time will be made up for the affected course(s) with the following plan of action:

_____

_____

_____

_____

Justification for Maximum Course Credit Overload

Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students.

Course Name, Number and Section: _____ CRN:_____

Cumulative GPA:_____

Students who do not meet criteria for maximum course credit overload as outlined in the university undergraduate or graduate catalog:

_____

_____

_____

_____