



REGISTRATION SPECIAL PERMISSION

Office of the Registrar
1100 North Avenue
Grand Junction, CO 81501-3122
(970) 248-1555 Fax (970) 248-1131
1-800-982-MESA

Semester - _____

Student Name (Please Print)

Student ID Number

CRN	DEPT	NUMBER	SECTION	COURSE DESCRIPTION
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NOTE: This does not guarantee you a place in this class!

STUDENT SIGNATURE

DATE

	REGISTRATION RESTRICTIONS TO BE RESOLVED	AUTHORIZED SIGNATURE	DATE
√	Classification Override	<i>(Dept. Chair/Instructor)</i>	
	Closed Class	<i>(Dept. Chair/Instructor)</i>	
	Co-requisite/Test Score Override	<i>(Dept. Chair/Instructor)</i>	
	Duplicate Course	<i>(Student)</i>	
	Maximum Hours – It is recommended that students limit their academic load to 18 semester hours. Students should consult their advisor before attempting an overload.	<i>(Advisor)</i> Okay for ____ credit hours	
	Prerequisite/Test Score Override	<i>(Dept. Chair/Instructor)</i>	
	Special or Instructor Permissions Required for Class	<i>(Dept. Chair/Instructor)</i>	
	Time Conflict – I understand that there is a time conflict with my classes. I have made arrangements with the instructor(s) for attendance and testing.	<i>(Student)</i>	