

Berea College Course Registration

Term: _____

Student Number: _____

Student Name: _____
Last
First
Middle

Added Course(s)

| CRN | Dept | Course | Sec | Title | Credit | Advisor Signature | Instructor Signature/Date | Reason for Permission (circle one) | | |
|-----|------|--------|-----|-------|--------|-------------------|---------------------------|------------------------------------|-----------|--------------|
| | | | | | | | | Closed^ | Conflict* | Prerequisite |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

^For a closed class, the form must be submitted to the Student Service Center within two business days of the date that departmental permission is granted.

*For a course conflict, permission must be secured from the instructor of the course in which the student will routinely miss class sessions.

Dropped Course(s)

| CRN | Dept | Course | Sec | Title | Credit | Total Credit | Advisor Signature | Reason for Dropping |
|-----|------|--------|-----|-------|--------|--------------|-------------------|---------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Overload

| CRN | Dept | Course | Sec | Title | Credit | Total Credit | Advisor Signature |
|-----|------|--------|-----|-------|--------|--------------|-------------------|
| | | | | | | | |
| | | | | | | | |

Special (Internship, Independent Study, Team Initiated Study, Directed Study, Exchange, Study Abroad)

| Dept | Course | Sec | Title | Credit | Advisor Signature | Course Permission |
|------|--------|-----|-------|--------|-------------------|-------------------|
| | | | | | | |
| | | | | | | |

Student's Signature _____ Date _____

.....
Office Use Only:

\$5.00 Fee (subject to the regulations published in the current College Catalog) _____ charged _____ waived

Processor _____ Date _____