

If you wish to obtain special approval to register for a course, please complete the appropriate section(s) below, obtaining all necessary signatures, and return this form to the Office of the Registrar.

Student Name _____ Class Year 20_____

SBC ID _____ Term _____

CRN	SUBJECT	COURSE #	SECTION

A. **Override the maximum limit** for course seating for this student in this section.

_____ INSTRUCTOR SIGNATURE _____ DATE

B. Authorize the **instructor approval required to enroll** this student in this section.

_____ INSTRUCTOR SIGNATURE _____ DATE

C. **Waive the prerequisite or corequisite** requirement for this student in this section.

_____ INSTRUCTOR SIGNATURE _____ DATE

D. **Waive the class restriction and/or the reserve seating** restriction for this student in this section.

_____ INSTRUCTOR SIGNATURE _____ DATE

E. Authorize the student to **enroll in course with conflicting schedule**.

_____ INSTRUCTOR SIGNATURE _____ DATE

CONFLICTING COURSE INFORMATION (The course for which you are registered).

CRN	SUBJECT	COURSE #	SECTION	INSTRUCTOR SIGNATURE	DATE

F. Register for the **course on a repeat basis**. Please indicate the semester(s) and grade(s) or previous attempts.

	Term Attempted	Grade Earned
Attempt 1		
Attempt 2		
Attempt 3		

_____ INSTRUCTOR SIGNATURE _____ DATE

G. Authorize the student to enroll in this section on a **potential credit basis**. This section will be listed for this student for credit. It is the student's responsibility to notify the instructor and the Registrar's Office by the published deadline if she decides to drop the course. Please see the college catalog for details on this option.

_____ INSTRUCTOR SIGNATURE

_____ DATE