

SUNY MORRISVILLE

— EST. 1908 —

Course Scheduling Request Form – Permission to Add a Course

Student Name:	M#	Semester:
School:	Major Name and Code:	

**Complete the appropriate section and secure all required signatures
Return completed form to your school office or campus-wide advising**

Request to override capacity of a closed course(s):

Semester	CRN	Course Subject, Number, Section	Instructor's Signature

Rationale for overriding class capacity:

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Student Signature:	Date:
Division Chair Signature (course):	Date:
Dean Signature (course):	Date:

Request to add course(s) over 18 credit hours:

Semester	CRN	Course Subject, Number, Section

Rationale for Overriding 18 credit limit:

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Student Signature:	Date:
Advisor Signature (Student):	Date:
Division Chair Signature (Student):	Date:
Dean Signature (Student):	Date:

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Student Name:	M#	Semester:
School:	Major Name and Code:	

Complete the appropriate section and secure all required signatures

Request to add course(s) with schedule conflicts: Courses will **NOT** be added without the instructor’s signature. Courses with **time conflicts** will not be scheduled unless you have **both** instructors’ signatures.

Semester	CRN	Course Subject, Number, Section	Instructor’s Signature

Rationale for scheduling courses that conflict:

Student Signature:	Date:
Academic Advisor Signature:	Date:
Division Chair Signature (course):	Date:
Dean Signature (course)	Date:

Request to Override course Pre- or Corequisites:

Semester	CRN	Course Subject, Number, Section	Instructor’s Signature

Rationale for overriding pre-co requisites:

Student Signature:	Date:
Academic Advisor Signature:	Date:
Division Chair Signature (course):	Date:
Dean Signature (course):	Date: