

INDIANA STATE UNIVERSITY SCHEDULING FORM

Student Name	Student ID 991	Registration Term
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CAPACITY & TIME CONFLICT overrides require INSTRUCTOR SIGNATURE.

PRE & COREQUISITE overrides require DEPARTMENT CHAIR SIGNATURE.

COURSES TO BE ADDED:

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	OVERRIDES – APPROPRIATE SIGNATURE REQUIRED	DATE
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED
_ _ _ _ _			_ _ _ _		<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE REQUIRED
						DEPARTMENT CHAIR SIGNATURE REQUIRED

COURSES TO BE DROPPED:

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS
_ _ _ _ _			_ _ _ _	
_ _ _ _ _			_ _ _ _	
_ _ _ _ _			_ _ _ _	
_ _ _ _ _			_ _ _ _	

Credits Registered: _____

Student Signature: _____ / /

Advisor Signature: _____ / /

Dean Signature: _____ / /

Please refer to the Schedule of Classes, Bulletin, and Office of Registration and Records (ORR) website for important dates and information regarding scheduling and class load policies. Please call the ORR at 237-2020 if you need assistance. A separate Scheduling Form must be submitted for each term in which a student wishes to register.

Submit completed forms to Office of Registration and Records, Parsons Hall 009, or fax to 812-237-8039.

COURSES UNABLE TO BE PROCESSED AND REASON (FOR OFFICE USE ONLY):

CRN	REASON	CRN	REASON

Processed by: _____

Date: _____