

## Scheduling Form

For important dates and information regarding scheduling and class load policies please refer to the Office of Registration & Records website at: <http://www.indstate.edu/registrar>  
Please note that instead of utilizing this form, scheduling for classes may also be completed online through your MyISU portal under the Student Tab. A separate Scheduling Form must be submitted for each term in which the student wishes to register. Submit completed forms to the Office of Registration & Records, Parsons Hall 009, or fax to (812) 237-8039. For assistance please call (812) 237-2020.

**CAPACITY & TIME CONFLICT overrides require the INSTRUCTOR'S SIGNATURE. PRE- & COREQUISITE overrides require the DEPARTMENT CHAIR'S SIGNATURE.**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ University ID # (XXX-XXX-XXX) \_\_\_\_\_ Registration Term (i.e. Fall 20XX) \_\_\_\_\_

COURSES TO BE ADDED						
CRN	SUBJECT	COURSE #	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 _____ DEPARTMENT CHAIR SIGNATURE _____
					<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE _____ DEPARTMENT CHAIR SIGNATURE _____
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					<input type="checkbox"/> CAPACITY <input type="checkbox"/> TIME CONFLICT <input type="checkbox"/> PREREQUISITE <input type="checkbox"/> COREQUISITE	INSTRUCTOR SIGNATURE _____ DEPARTMENT CHAIR SIGNATURE _____

COURSES TO BE DROPPED				
CRN	SUBJECT	COURSE #	SECTION	CREDITS

Credits Requested \_\_\_\_\_

Advisement PIN (if needed) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

COURSES UNABLE TO BE PROCESSED			
CRN	REASON	CRN	REASON

Courses Added \_\_\_\_\_ Courses Dropped \_\_\_\_\_ Total Credits for Term \_\_\_\_\_

Processed By \_\_\_\_\_

Date \_\_\_\_\_