

Scheduling Form

For important dates and information regarding scheduling and class load policies please refer to the Office of the Registrar 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 the Registrar, 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 _____
					<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 _____		