

Berea College Course Registration

Term: _____

Student Number: _____

Student Name: _____
Last
First
Middle

Added Course(s)

CRN	Dept	Course	Sec	Title	Credit	Adviser Signature	Instructor Signature/Date	Reason for Permission (circle one)		
								Closed^	Conflict*	Prerequisite

^For a closed class, the form must be submitted to the Office of Academic Services within two business days of the date that departmental permission is granted.

*For a course conflict, permission must be secured from the instructor of the course in which the student will routinely miss class sessions.

Dropped Course(s)

CRN	Dept	Course	Sec	Title	Credit	Total Credit	Adviser Signature	Reason for Dropping

Overload

CRN	Dept	Course	Sec	Title	Credit	Total Credit	Adviser Signature

Special (Internship, Independent Study, Team Initiated Study, Directed Study, Exchange, Study Abroad)

Dept	Course	Sec	Title	Credit	Adviser Signature	Course Permission

Student's Signature _____ Date _____

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 Office Use Only:

\$5.00 Fee (subject to the regulations published in the current College Catalog) _____ charged _____ waived

Processor _____ Date _____