



UNDERGRADUATE STUDENT REGISTRATION PETITION

Last Name _____ First Name _____ Student ID _____
 Phone Number _____ Class (FR, SO, JR, SR) _____ Major _____
 Email _____ Current GPA _____ Advisor _____
 Student Signature _____ Date _____ Term / Year _____

Registration Petition Reasons (see approver codes in parentheses)

Adding a credit to a class (A, I) (must attach list of extra work required to earn the credit)

Course Subj.	Course #	Course sect.	Course instructor
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Overload beyond 19 credits (A, CH)

Course Subj.	Course #	Course sect.	Course instructor
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Time conflict (overlapping classes) (I - BOTH course instructors)

Course Subj.	Course #	Course sect.	Course instructor
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Course Subj.	Course #	Course sect.	Course instructor
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How much time do the two classes overlap? _____

Repeat a course more than once (A, CH)

Course Subj.	Course #	Course sect.	Course instructor
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Rationale for repeat _____

Undergraduate student taking graduate class(es) (**seniors only**) (A, GPD) (**student signature required below**)

Course Subj.	Course #	Course sect.	Course instructor
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I understand that if my combined graduate (with a limit of 6 grad credits) and undergraduate credits are between 12 and 19 that I will be billed at the flat full-time undergraduate tuition rate. If combined credits are less than 12, billing will be at the per credit undergraduate and appropriate graduate rate. Only students billed at the full time undergraduate rate will be eligible for Nazareth University Scholarships. Note that after week 1, there is no reduction in liability for students billed at the full time undergraduate rate who drop some but not all classes.

Student signature (only for request to take grad courses acknowledging above statement) _____

Department Permission Required (CH)

Course Subj.	Course #	Course sect.	Course instructor
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KEY TO APPROVER CODES

A = Advisor D = Dean
CD = Core Director I = Instructor

GPD = Graduate Program Director
PD = Program Director
CH = Department Chair

Approver Signature _____ Date _____

Approver Signature (if needed) _____ Date _____

Approver Signature (if needed) _____ Date _____