



ADMINISTRATIVE APPROVAL REGISTRATION FORM

NOTE: ALL FIELDS **MUST** BE COMPLETED OR FORM WILL NOT BE PROCESSED

Students are **REQUIRED** to provide their CAMS Degree Audit to verify course need and **ATTACH** their degree audit to this form.

STUDENT INFORMATION

| | | | | |
|--|--------------------|------|--------|--------|
| Name: _____ | Term (Circle One): | FALL | SPRING | SUMMER |
| Email: _____ | Phone: _____ | | | |
| Program Track (Circle One): 4 Year Second-Degree Accel-BSN RN-BSN MSN HCM BSHS BSW MLS MA NA | | | | |

Must include clinical sections. If a section is full, alternate sections will be assigned.

| Course Subject | Course Number | Course Section | Credit Hours | Course Title |
|----------------|---------------|----------------|--------------|--------------|
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Administrative Approval Registration Form will be processed the week following the opening of online registration. Enrollment depends on space availability. Students with administrative approval forms are not guaranteed enrollment in a course if no space is available.

REQUIRED SIGNATURES

I reviewed the above student's degree audit and approve their enrollment in the above course(s):

| | | | |
|----------------------------|---------------|--|---------------|
| _____ Student Signature | _____ Date | _____ Dean, Chair or Director Signature | _____ Date |
|----------------------------|---------------|--|---------------|

Student should seek approval from the Dean, Chair or Director overseeing the course that they are seeking approval to take.

**For Office Use
Only**

Processed By:

Date: