Office of the Registrar Scheduling Office
Special Approval Form

Subject Code: _____

Contact: _____

Phone: _____ **email:** _____

Semester Code: _____

			Approval Code							Change Status:
CRN	Course Number	Section	Academic Advisor AA	College Dean DN	Depart DP	Faculty Advisor FA	Honors Advisor HA	Instructor IN	Program Director PD	
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Department Chair Signature: _____ Date: _____