



## REGISTRATION PERMIT CONTRACT

Student I.D.: \_\_\_\_\_ Major: \_\_\_\_\_ Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Advisor: \_\_\_\_\_

CRN	SUBJECT	COURSE	SEC	HOURS	TITLE	INSTRUCTOR	DAYS	BEGIN	END

**PLEASE CHECK THE APPROPRIATE BOX (ES) BELOW FOR WHICH YOU IDENTIFY THAT THERE WILL BE A HOLD STUDENT'S SCHEDULE AND NOTIFY STUDENT OF THE STEPS THAT SHOULD BE TAKEN:**

- \_\_\_\_\_ REGENTS' TEST - (SIGN UP FOR CLASS AND TEST)
- \_\_\_\_\_ CPC DEFICIENCY - (SIGN UP FOR COURSE(S) NEEDED TO SATISFY DEFICIENCY)
- \_\_\_\_\_ PREREQUISITES - (SIGN UP COURSE(S) NEEDED TO SATISFY PREREQUISITE)
- \_\_\_\_\_ REQUEST FOR OVERLOAD - (COMPLETE OVERLOAD FORM AND RETURN TO CHAIR BEFORE REGISTRATION)
- \_\_\_\_\_ TIME CONFLICT - (APPROVAL LETTER REQUIRED FROM PROFESSOR)

**NOTIFY STUDENTS THAT IF THEY SHOULD HAVE ANY OF THE HOLDS ABOVE [WITH THE EXCEPTION OF THE OVERLOAD AND PREREQUISITE HOLD] THEIR CLASSES WILL HAVE TO BE ENTERED FOR THEM BY THE CHAIRS OF THEIR DEPARTMENTS DURING REGISTRATION UNTIL THE REASON THAT THE HOLD WAS PLACED HAS BEEN SATISFIED.**

**TO THE STUDENT** BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE MET WITH MY ADVISOR AND DISCUSSED MY COURSEWORK. I UNDERSTAND THAT IF I SHOULD TAKE COURSES NOT RECOMMENDED BY ADVISOR, I MAY DELAY OR PREVENT GRADUATION FROM ALBANY STATE UNIVERSITY. AFTER REGISTERING FOR COURSES RECOMMENDED BY ADVISOR, IF THERE ARE ANY DISCREPANCIES, I WILL CONTACT MY ADVISOR IMMEDIATELY.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_