



Galveston College

REGISTRATION EXCEPTION REQUEST

Instructions:

1. The student must obtain form from a Counselor/Advisor and complete. (A separate form is required for each course).
2. The Counselor/Advisor will enter Cumulative GPA, Total Hours Completed and return the form to the student.
3. Student must explain why special permission is requested in space provided, attach additional information and/or documentation if necessary, sign, date and submit form to the Admissions Office.

Semester: _____ Year: _____ Major: _____

Name: _____ Student ID: _____

Phone No. _____ Email Address: _____

TO BE COMPLETED BY COUNSELOR: Cumulative GPA: _____ Total Hours Completed: _____

***Request permission for the following:**

_____ Registration in a closed class:

Course: _____ Section #: _____ Instructor: _____

And/Or

_____ Waive Pre/Co-requisite for a course (TSI requirements CAN NOT be awarded):

Course: _____

Approved Denied _____
Instructor, Division Director/Coordinator **or** Vice President Date

***Request permission for the following:**

_____ Register/Add class after deadline (*Payment due upon approval*):

Course: _____ Section #: _____ Instructor: _____

Approved Denied _____
Instructor Date

Approved Denied _____
Division Director/Coordinator Date

Approved Denied _____
Vice President Date

Reason for request: (Attach additional information/documentation if applicable)

Student's Signature _____ *Date* _____

Office of Admissions Staff Date

White Copy to Admissions Office

Yellow Copy to Student