

WELLESLEY COLLEGE
Office of the Registrar

Registration Exceptions Form

Date: _____ Check one: Fall Spring Wintersession

Student Name: _____ Email: _____
ID: _____ Class: _____ Phone: _____

Course(s) Requires Permission of the Instructor:

_____	_____	_____	_____	_____	_____	_____
CRN	Dept	Crs No.	Section	Instructor Signature	Printed Name	Date
_____	_____	_____	_____	_____	_____	_____
CRN	Dept	Crs No.	Section	Instructor Signature	Printed Name	Date
_____	_____	_____	_____	_____	_____	_____
CRN	Dept	Crs No.	Section	Instructor Signature	Printed Name	Date

Instructor's Permission to Register for a Course Over the Max Cap:

_____	_____	_____	_____	_____	_____	_____
CRN	Dept	Crs No.	Section	Instructor Signature	Printed Name	Date

Repeat Course Exceeds 0

_____	Come to the Registrar's Office to see if an
_____	exception can be authorized.
CRN Dept Crs No. Section	

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_____	Come to the Registrar's Office if you are having
_____	difficulty registering for all components
CRN Dept Crs No. Section	of a course.

Class Restriction

_____	Come to the Registrar's Office to see
_____	if you are eligible for this course section.
CRN Dept Crs No. Section	