### COLLEGE OF CRIMINAL JUSTICE
### SPECIAL REGISTRATION PERMIT

**NAME:** ____________________________________ **SAM I.D.** ____________________ **SEM./YR:** __________

**REASON FOR SPECIAL REGISTRATION:**
________________________________________________________________________________________

After online Late Registration, the student must obtain the approval of the Department Chair for each course the student wishes to register. After the 4th Class Day (Summer) and the 12th Class Day (Fall/Spring), the student must obtain the approval of the Academic Dean.

<table>
<thead>
<tr>
<th>Course(s) to be <strong>ADDED:</strong></th>
<th>Course(s) to be Administratively <strong>DROPPED:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CID #</td>
<td>COURSE PREFIX/NUMBER</td>
</tr>
<tr>
<td></td>
<td>CID #</td>
</tr>
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</tbody>
</table>

**STUDENT SIGNATURE:** __________________________________________

**DEPT. CHAIR SIGNATURE:** ______________________________________

**DEAN SIGNATURE:** ____________________________________________

**DR. VINCENT WEBB**

Please bring this form to the Registrar’s Office located on the 3rd Floor of the Estill Building, Room 331. The student is responsible for checking their fee statement for any additional tuition or fees that may be due. Payment is due immediately in the Cashiers Office or payment can be made online.

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**FOR REGISTRARS USE ONLY:**

PROCESSED BY: ____________________ **DATE:** ____________________

Privacy Policy