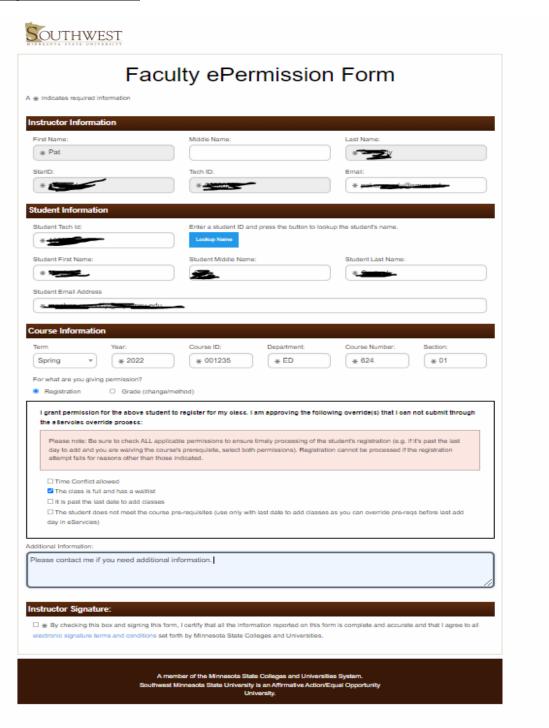Faculty ePermission Form:

Faculty are to use this form to notify the Registration Office Staff for registration or grading requests.

Registration Overrides:
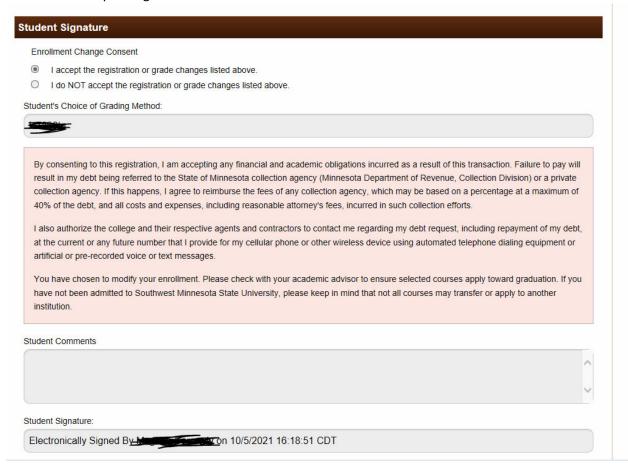
Faculty ePermission Form

A ✷ indicates required information

Instructor Information

First Name:
✷ Pat

Middle Name:

Last Name:
✷ ~~ly~~

StarID:
✷ ~~~~

Tech ID:
✷ ~~~~

Email:
✷ ~~~~

Student Information

Student Tech Id:
✷ ~~~~

Enter a student ID and press the button to lookup the student's name.
[Lookup Name]

Student First Name:
✷ ~~~~

Student Middle Name:
~~~~

Student Last Name:
✷ ~~~~

Student Email Address
✷ ~~~~

Course Information

Term	Year:	Course ID:	Department:	Course Number:	Section:
Spring ▾	✷ 2022	✷ 001235	✷ ED	✷ 624	✷ 01

For what are you giving permission?
◉ Registration   ○ Grade (change/method)

I grant permission for the above student to register for my class. I am approving the following override(s) that I can not submit through the eServices override process:

Please note: Be sure to check ALL applicable permissions to ensure timely processing of the student's registration (e.g. if it's past the last day to add and you are waiving the course's prerequisite, select both permissions). Registration cannot be processed if the registration attempt fails for reasons other than those indicated.

☐ Time Conflict allowed
☑ The class is full and has a waitlist
☐ It is past the last date to add classes
☐ The student does not meet the course pre-requisites (use only with last date to add classes as you can override pre-reqs before last add day in eServices)

Additional Information:
Please contact me if you need additional information.

Instructor Signature:

☐ ✷ By checking this box and signing this form, I certify that all the information reported on this form is complete and accurate and that I agree to all electronic signature terms and conditions set forth by Minnesota State Colleges and Universities.

A member of the Minnesota State Colleges and Universities System.
Southwest Minnesota State University is an Affirmative Action/Equal Opportunity University.

Grading Overrides:

Faculty ePermission Form

A * indicates required information

Instructor Information

First Name:	Middle Name:	Last Name:
* Pat		

StarID:	Tech ID:	Email:
		*

Student Information

Student Tech Id:

Enter a student ID and press the button to lookup the student's name.

Lookup Name

Student First Name:	Student Middle Name:	Student Last Name:

Student Email Address

*

Course Information

Term	Year:	Course ID:	Department:	Course Number:	Section:
Summer ▾	* 2021	* 000080	* COMM	* 499	* 01

For what are you giving permission?

○ Registration   ● Grade (change/method)

Grading Method

I grant permission for the above student to switch the course grading method

○ Credit/No Credit (CR/NC) (this option available if CR/NC an approved grading method for this course in curriculum)
○ Normal (A-F)
○ Audit

Grading

Use this option only if the student already completed the course and the eServices grading processes are closed.

Choose: ▾

Removal of a Grade

☐ Remove the grade of W (student mistakenly withdrew from course after the last day to add)
☐ Reverse the NA or FQ that resulted from my reporting of the student's last date of attendance or non-attendance

Incomplete Grade (I) Extension

☑ Extend I grade for one semester

Additional Information:

I also approve that his student change from 1 to 2 credits for my variable credit course

Instructor Signature:

☐ * By checking this box and signing this form, I certify that all the information reported on this form is complete and accurate and that I agree to all electronic signature terms and conditions set forth by Minnesota State Colleges and Universities.

An automatic email is sent to the student to accept or not accept the change that the instructor is requesting:

Student Signature

Enrollment Change Consent

◉ I accept the registration or grade changes listed above.

◯ I do NOT accept the registration or grade changes listed above.

Student's Choice of Grading Method:

By consenting to this registration, I am accepting any financial and academic obligations incurred as a result of this transaction. Failure to pay will result in my debt being referred to the State of Minnesota collection agency (Minnesota Department of Revenue, Collection Division) or a private collection agency. If this happens, I agree to reimburse the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorney's fees, incurred in such collection efforts.

I also authorize the college and their respective agents and contractors to contact me regarding my debt request, including repayment of my debt, at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

You have chosen to modify your enrollment. Please check with your academic advisor to ensure selected courses apply toward graduation. If you have not been admitted to Southwest Minnesota State University, please keep in mind that not all courses may transfer or apply to another institution.

Student Comments

Student Signature:

Electronically Signed By ~~Mxxxxxxxxx~~ on 10/5/2021 16:18:51 CDT

The request is processed and automatic emails are sent to the instructor and the student that the request has been completed.