



MORGAN STATE UNIVERSITY  
HONORS PROGRAM

Registration Permission Form

Filling out this form does **NOT** guarantee approval of your request. Decisions will be made after careful evaluation by the Director and/or Assistant Director of the Honors Program. Please be sure to sign and date the bottom of this form.

Date \_\_\_\_\_

E-mail \_\_\_\_\_

SSN/ID \_\_\_\_\_

Phone Number \_\_\_\_\_

I, \_\_\_\_\_, am requesting permission to pursue (check all that apply)  
(print name)

Less than 15 credits (complete Section I only)

Non-Honors courses (complete Sections I & II)

**SECTION I**

during the  Fall 20\_\_\_\_  Spring 20\_\_\_\_ semester for the following reason (s) (check all that apply):

No more overrides being granted  Time conflict \_\_\_\_\_  
(name of course that causes conflict)

Other \_\_\_\_\_  
(please specify)

**SECTION II**

List Non-Honors course(s) you wish to pursue.

1) \_\_\_\_\_

3) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Approved

Denied

\_\_\_\_\_  
Director /Assistant Director Signature

\_\_\_\_\_  
Date