
TO: **KIMBERLY DONEY** (kimberly.doney@asu.edu)

C R O

ASL COURSE RESTRICTION OVERRIDE REQUEST

This form should be used in either of the following cases: (1) You have completed one or more ASL courses at another high school, college, or university within the past two years. (2) You are currently enrolled in an ASL course outside ASU and intend to continue ASL at ASU. Print and complete this form then fax, scan and email or deliver it with transcripts to the Department of Speech & Hearing Science.

If you took ASL in high school, you are only eligible to be placed in SHS-102.
Contact shsasl@asu.edu if you believe your skill level exceeds SHS-102.

FULL NAME: _____

EMAIL ADDRESS: _____

ASU ID #: _____

What YEAR and SEMESTER are you making this request for?

YEAR: _____ SEMESTER: _____

Check the LEVEL you are seeking to enter: 102 201 202

I affirm that all of the information I am providing with this request is accurate and that these courses were completed within the past two years and/or are currently in progress. For completed ASL courses, I have earned a 'C' or better. If I am using proof of registration in a current ASL course to obtain this CRO, I will only use this CRO if I complete the proposed course with a 'C' or better. I understand that if this CRO is issued, it will only remove the registration block. I am still responsible for registering in the class I want. If the class I want is full, I understand that I will not receive a "course full override." I am receiving no transfer of unit credit. I understand that the Department of Speech & Hearing Science reserves the right to rescind this override and/or cancel my registration.

SIGN HERE>> _____ DATE>> _____

Please allow 3 days for this paperwork to be processed. You will not receive confirmation from our department. If the restriction is still in place after 3 days, you may contact the department for additional information. *Once processed, this form and your transcripts will be destroyed. This information is not kept on file.*

DELIVER THIS FORM AND TRANSCRIPTS to the department using one of these methods: (1) SCAN AND EMAIL to address at the top of this form, (2) FAX TO 480-965-8516, or (3) HAND DELIVER to Kimberly Doney in Coor Hall 2204.

Unofficial transcripts are acceptable. **Please circle your ASL classes.**