

Class Registration Override Request



Date of Request: Student ID Number:

Student Full Name:

Provide the following information regarding the override:

Course Code	Section Number	Instructor Name (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>
FALL 20_____	WINTER/SPRING 20_____	SUMMER 20_____

Check all boxes that apply. Fill in all applicable blanks:

Override requested due to:

MISSING pre- or co- requisites:

Class is designated as FULL

Course OVERLOAD (permission to take more than 21 credits in a semester)

ADD deadline has passed:

Other reason (please explain):

Student Signature: Date:

Instructor signature is required for missing pre- or co-requisites, class designated as full, add deadline passed, and other reason. Department Chair may sign if instructor is unavailable.

Instructor Use Only

Please add student to class, DO NOT EXCEED listed room capacity

Please add student to class, OK TO EXCEED capacity, but remain below Fire Code limit

Override pre- or co-requisite (must explain justification):

DO NOT ADD student or allow override

Must explain justification:

Instructor Name: Signature: Date:

Student Success Advisor signature required for missing pre- or co-requisites, course overload, and other reason.

Advisor Use Only

APPROVE student for addition to class with instructor permission (must explain):

APPROVE student for course overload of credits (must explain):

DENY student for addition to class

Must explain justification:

Student Success Advisor Name: Signature: Date:

Return this form to the front desk only after receiving required signatures.

Registrar/Administrative Use Only

APPROVED DENIED

Registrar Signature: Date: