

# Course 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)  credits
- 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.

<b>Instructor Use Only</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Add student to class, DO NOT EXCEED listed room capacity</li><li><input type="checkbox"/> Add student to class, OK TO EXCEED capacity, but remain below Fire Code limit</li><li><input type="checkbox"/> Override pre- or co-requisite (must explain justification): <input type="text"/></li><li><input type="checkbox"/> DO NOT ADD student or allow override</li></ul> <p><b>Must explain justification:</b> <input type="text"/></p> <p>Instructor Name: <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/></p>
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Student Success Advisor signature required for missing pre- or co-requisites, course overload, and other reason.

<b>Student Success Advisor Use Only</b> <ul style="list-style-type: none"><li><input type="checkbox"/> APPROVE student for addition to class with instructor permission (must explain): <input type="text"/></li><li><input type="checkbox"/> APPROVE student for course overload of credits (must explain): <input type="text"/> # of Credits: <input type="text"/></li><li><input type="checkbox"/> DENY student for addition to class</li></ul> <p><b>Must explain justification:</b> <input type="text"/></p> <p>Student Success Advisor Name: <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/></p>
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Return this form to the front desk only after receiving required signatures.

<b>Registrar/Administrative Use Only</b> <ul style="list-style-type: none"><li><input type="checkbox"/> APPROVED    <input type="checkbox"/> DENIED</li></ul> <p>Office of the Registrar Signature: <input type="text"/> Date: <input type="text"/></p>
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