

Course Registration Override Request

Date of Request: _____ Student ID Number: _____

Student Full Name: _____

Provide the following information regarding the override: Fall 20____ Winter/Spring 20____ Summer 20____

Course Code	Section Number	Instructor Name (please print)
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Check all boxes that apply. Fill in all applicable blanks:

Override requested due to:

- MISSING pre- or co- requisites: _____
- 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.

Instructor Use Only

- Add student to class, DO NOT EXCEED listed room capacity
- 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.

Student Success Advisor Use Only

- APPROVE student for addition to class with instructor permission (must explain): _____
- APPROVE student for course overload of credits (must explain): _____ # of credits _____
- 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

Office of the Registrar Signature: _____ Date: _____