

## Class Registration Override Request

**DigiPen Institute Of Technology**  
9931 Willows Road NE, Redmond, WA, USA 98052  
Main (425) 558-0299, FAX (425) 558-0378, [www.digipen.edu](http://www.digipen.edu)

Date of Request: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Course	New Section #	Instructor Name (please print)
	FALL 20 _____	SPRING 20 _____
		SUMMER 20 _____

Override requested due to: (please check all applicable boxes and fill in any blanks that are necessary)

- ☐ MISSING pre- or co-REQUISITES: \_\_\_\_\_
- ☐ Class is designated as FULL
- ☐ ADD deadline has passed: \_\_\_\_\_
- ☐ Course Overload – permission to take more than 21 credits in a semester (advisor signature only)

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

Date: \_\_\_\_\_

Instructor Use (Department Chair may sign if instructor is unavailable):

- ☐ 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

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Use (signature required for missing pre/co-requisites or course overload)

- ☐ APPROVAL to add student to the class with the instructors permission (**MUST explain**):
- ☐ APPROVAL for student to take a course overload of \_\_\_\_\_ credits (**MUST explain**):  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ DENY permission for the student to add a class

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar/Administrative Use (return to Admin office only AFTER receiving signatures above)

- ☐ APPROVED
- ☐ DENIED
- ☐ Unable to Add
  - ☐ Exceeded room capacity
  - ☐ Other

Office of the Registrar Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: \_\_\_\_\_