



OVERRIDE REQUEST FORM



Student Name: _____ Classification: _____

ID #: _____ Semester: _____

Major: _____ E-mail: _____

This form must be completed for all courses that require an override.

Note: **Approval from the course instructor is required for admittance into courses that have reached capacity.** **Capacity overrides must be completed by the course instructor.*

Override Request

CRN	Dept. Abbrev.	Course #	Section #	Credit Hours	Times	Days	Comments
						M W T R	
						M W F T R	
						M W F T R	
						M W F T R	
						M W F T R	
						M W F T R	
						M W F T R	

Check all that apply

Course has reached capacity.*

System states prerequisite has not been met.

I have previously passed the prerequisite.

I have previously taken the co-requisite.

My classification/major prevents registration.

Other: _____

DO NOT WRITE BELOW THIS LINE

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Instructor