



**NORTH CAROLINA AGRICULTURAL
AND TECHNICAL STATE UNIVERSITY**

DEPARTMENT OF COMPUTER SCIENCE

COURSE OVERRIDE REQUEST FORM

This form is to be completed for all COMP courses that need an override. Please complete the form and submit it to Ms. Rosemary Williams by email at rosnlloy@ncat.edu or in person at McNair Hall in Suite 526.

Date: _____

Name: _____ Banner ID: _____

Classification: _____ Term: _____

Major: _____

Course Reference Number (CRN)	Course # (COMP XXX)	Credit Hours	*Instructor Approval (Signature required)

REASON FOR OVERRIDE

(Check all that apply below.)

The course is filled to capacity.*

I've completed the prerequisite.

I've completed the co-requisite.

My status prevents registration.

System shows that the prerequisite has not been met.

Other: _____

(*NOTE: Approval is required from the instructor only to complete a course capacity override.)

DEPARTMENTAL USE ONLY

Approved By: _____ Printed Name: _____
Date: _____