

INSTRUCTIONS FOR STUDENTS

1. Registration restrictions may be overridden only with the approval of the Academic/Program Director responsible for administering the course.
2. Academic/Program Director approval of a capacity override DOES NOT guarantee placement in the course. The Registrar's Office determines final approval based on the fire code capacity of the classroom.
3. For undergraduate students only: Capacity overrides are not accepted until waitlisting has ended.
4. Time conflict overrides must also be approved by the Academic Dean for your college. Consult with the Dean's office about additional information that may be required for consideration and approval.

STUDENT INFORMATION

Last Name: _____ First Name: _____ PRN: _____

Email Address: _____ Major: _____

Semester (Fall, Spring, Summer): _____ Year: _____ Advisor name (please print): _____

SECTION I: COURSE INFORMATION

Enter the Course Reference Number (CRN) below and select the type of override you are requesting. Obtain the Academic/Program Director's approval and return the completed form to the Registrar's Office for processing.

Course CRN (ex. 54321): _____ Course Subject (ex. BIO): _____ Course Number (ex. 410): _____

Course Title: _____ Number of Credits: _____

If this course has a corequisite lab, enter the CRN for the corequisite course here (ex. 54321): _____

SECTION II: SELECT OVERRIDE TYPE

- ☐ **Class Override** (ex. Junior, Senior)
- ☐ **Level Override** (ex. UG, GR)
- ☐ **College Override** (ex. College of Arts and Sciences)
- ☐ **Major/Minor Override** (ex. Psychology)
- ☐ **Prerequisite Override**
- ☐ **Program Override** (ex. BA, BS)
- ☐ **Department Override** (ex. School of Biological Sciences)
- ☐ **Special Instructor Permission** (Graduate Only)
- ☐ **Capacity Override** (Dependent on the fire code capacity of the classroom.)
- ☐ **Time Conflict: Academic Dean's Signature** _____
- ☐ **Other** (ex. Duplicate, Mutual exclusion): _____

SECTION III: APPROVALS (Font signature NOT accepted)

Academic/Program Director's Name (Please print): _____ Today's Date: _____

Academic/Program Director's Signature: _____