



Registration Restriction Override Form

- *Registration restrictions may be overridden only with approval of the Department Chair or the Program Director responsible for administering the course.
- *Dept. Chair or Director approval DOES NOT guarantee placement in this course. Final approval is subject to fire code capacity of the classroom.
- *It is the student's responsibility to monitor course enrollment status. Please check your U-Online course schedule before attending this course.
- *Overrides applied to students account can be viewed in U-Online in the "check our registration status-under registration permits"

Student Name:	
Date:	
PRN:	
E-mail Address:	
Major:	
Advisor:	

Fall 20 ____
Spring 20 ____
Summer 20 ____

Enter the Course Reference Number (CRN) below and select the type of override you are requesting. Obtain the Dept. Chair/Director's printed name and signature and return the completed form to Registration Services.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

CRN

SUBJECT, COURSE, SECTION, and TITLE (EXAMPLE: ENG 110 A English Composition)

No. of Credits

- | | |
|--|---|
| <input type="checkbox"/> Class Level Override | <input type="checkbox"/> Special Instructor Permission (Graduate Level Only) |
| <input type="checkbox"/> College Override | <input type="checkbox"/> Capacity Override (Final approval by Registrar based on Fire Code capacity of the classroom) |
| <input type="checkbox"/> Major/Minor Override | <input type="checkbox"/> Time Conflict: Please contact your college's Academic Dean's Office for assistance. Academic Dean signature is required for a time conflict override. |
| <input type="checkbox"/> Pre-requisite Override | |
| <input type="checkbox"/> Program Override | |
| <input type="checkbox"/> Department Override | _____
Academic Dean Signature |

Dept. Chair/Director	Printed Name	Dept. Chair/Director	Signature	Date
----------------------	--------------	----------------------	-----------	------

*Both the printed name and signature are required.

REGISTRAR'S OFFICE USE ONLY

Building _____ Room # _____ # Enrolled _____ Fire Capacity _____

Capacity Override Approved

Capacity Override Denied

REGISTRAR'S OFFICE

Biddeford Campus 11 Hills Beach Road (Decary Hall, Room 114) Biddeford, Maine 04005

Phone: (207) 602-2473 Fax: (207) 602-5927

Portland Campus 716 Stevens Avenue (Hersey Hall, Room 119) Portland, Maine 04103

Phone: (207) 221-4200 Fax: (207) 221-4898

Website: www.une.edu/registrar