



BroncoWeb Override Form

Complete and Return to the BroncoWeb Help Center, Admin. 110.

Year _____ Circle Term: Spring Summer Fall

Student ID Number	Last Name	First Name	Middle Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Course Detail

Please initial all authorized overrides, sign and date.

Class No	Subject	Cat No	Section	Time Conflict Override	Override Reason (See Below)	Department/or Instructor Signature	Date

Override Reason:

- Allowing a section change after deadline to add (varies by session)
- Dropping a class that is a co-requisite of another class
- Adding a full/closed workshop
- Allowing a swap of a zero credit lab for another zero credit lab
- Adding a class or changing from credit to audit after the deadline (For University Appeals Committee Only)

Please Explain: _____

For Office Use Only

Student Signature _____ Date _____