



Registration Override Form

Student Information

First Name _____ Last Name _____ Phone Number _____ Student ID _____

Semester

Fall Spring Summer Year _____

Course Detail

5-Digit Class Number	Subject	Catalog Number	Section	Override Reason (see below)	Permission #, if needed

Department or Instructor—Print Name and Sign _____
Date _____

Override Reason

- A. Allowing a section change
- B. Dropping a course that is a co-requisite of another course
- C. Adding a full/closed workshop
- D. Time conflict (requires the signature of both instructors)
- E. Adding a course or changing from credit to audit after the deadline (for University Appeals Committee)

Explanation for Override

Student Signature _____ Date _____

Registrar's Use