



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 # (e.g., ENGL 102)	Section (e.g., 001)	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 class that is a co-requisite of another class
- C. Adding a full/closed workshop
- D. Time conflict (Requires the signature of both instructors)
- E. Adding a class or changing from credit to audit after the deadline (The University Appeals Committee requires the instructor to provide an explanation of how missed work will be made up in the comments below)

Comments: _____

Registrar's Use

Student Signature _____ Date _____