



OVERRIDE FORM

All sections must be completed prior to submitting form.

I request an OVERRIDE for the Fall Spring Summer Intersession 20_____ semester.
(This form will not be honored if it creates an overload for you. Your school dean must approve an overload.)

Major: _____ Current class: Freshman Sophomore Junior Senior
ID#: _____ Name: _____ Campus box: _____

Course requested: _____
code / department / course number / section number title

Reason for wanting to add this course:

Other courses registered for this semester (department, course number, section number):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I know that the above course will be added to my schedule if approved and that should I change my mind I will be responsible for dropping/withdrawing from this course.

Student's signature: _____

Note: If your request is approved, you will be sent a new schedule. If it is denied, you will not be contacted.

Approved: _____ Denied: _____

I approve an override into the above closed section and/or I waive prerequisites for the above section.

Department chair: _____

Department chair: _____