



OVERRIDE FORM

All sections must be completed prior to submitting form. **This override form will be valid for one week from the latest signature date.**

I request an OVERRIDE for the Fall Spring Summer Intersession 20_____ session.

(Note: This request will not be honored if it creates an overload for you. Your school dean must approve an overload on a separate form.)

Major: _____ Current standing: Freshman Sophomore Junior Senior

ID No.: _____ Name: _____ Phone: _____

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

REQUIRED SIGNATURES (Reminder: this override form will be valid for one week from the latest signature date.)

I approve an override into the above closed section
 Faculty signature & date: _____
 Dept. Chair signature & date: _____
 *Dean signature & date: _____
*after add/drop

and/or **I waive prerequisites for the above section.**
 Faculty signature & date: _____
 Dept. Chair signature & date: _____
 *Dean signature & date: _____
*after add/drop