

AUTHORIZATION TO OVERRIDE A COURSE SEATING LIMIT

(Please complete and have student bring to the Registrar's Office - Room 106 Barbelin Hall)

DATE _____ Student E- mail _____

NAME _____ STUDENT ID# _____

TERM _____ COURSE TITLE _____

CRN# _____ DEPT _____ COURSE# _____ Section _____

*****Restriction MUST have Chair or Dean's override signature next to it.

RESTRICTION BEING OVERRIDDEN:

CLOSED COURSE _____ (Chair's signature)

PRE-REQUISITE /CO-REQUISITE _____ (Chair's signature)

TIME CONFLICT OVERRIDE _____ (Instructor of second class)

INSTRUCTOR APPROVAL NEEDED _____ (Chair's signature)

MAJOR RESTRICTION OVERRIDE _____ (Chair's signature)

CLASS LEVEL OVERRIDE _____ (Chair's signature ONLY)
(Day Students Taking Evening PLS classes)

ACADEMIC HOLD _____ (Chair's signature)

FACULTY SIGNATURE (IF NEEDED) _____

DEAN'S OFFICE AUTHORIZATION (IF NEEDED) _____

REASON for OVERRIDE: _____

N.B. – Please note that the department chairperson MUST authorize entry into a “closed course”. Faculty teaching a course that is closed may be consulted regarding overriding course limits, but the department chairperson's authorization is final and necessary for the override to be processed by the Registrar. In highly selective and rare circumstances, the Dean's Office may also authorize entry into “closed” courses.

UPON COMPLETION, PLEASE HAVE STUDENT BRING THIS FORM TO THE REGISTRAR'S OFFICE, ROOM 106 BARBELIN HALL FOR PROCESSING.