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: __________________________________

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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.