

Course Override Application Form

Date: _____ Name: _____ Semester / Year: _____

I give permission to: _____ Student ID #: _____

to register for the following course(s):

Course Name	Course Number	Section	CRN #	Override for*	Under/Grad student

* Cap size, Prerequisite, Time, Conflict, Other

Instructor Signature (or Instructor forwards the form)

Date

Incomplete form cannot be processed.

NOTE: This form does not register the student for the course, it only allows the student to register after the override is done