

CENTRAL CONNECTICUT STATE UNIVERSITY

School of Engineering, Science & Technology
Department of Manufacturing & Construction Management

PERMISSION TO ENTER CLASS

Instructor Name: _____ Semester / Year: _____

I give permission to: _____ Student ID #: _____

to register for the following course:

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

Course Name	Course Number	Section	CRN #	Under /Grad student	
Override For ¹ :	Course limit	Prerequisite	Time Conflict	Department Permission Req'd	Conditional ²
Justification ¹ :					

Instructor Signature (Required)³ _____ Date _____

Department Signature³ _____ Date _____

1 Capacity: Justification must indicate room capacity and instructor acknowledgment of ability to effectively teach with added class size.

Prerequisite: Justification must indicate how student has been/will be prepared to effectively learn in this course.

Time Conflict: Justification must indicate arrangement between both affected courses. Department will need to verify permission of department of second affected course before approving.

2 Conditional Override: Prerequisite course(s) in progress - please note courses in progress. Student will be contacted if prerequisite courses are not successfully completed with minimum grade .

3 One signature may be substituted by an email permission, to be provided along with this form. Department Chair or Designee must approve if PT Faculty or Time Conflict.