Dept. of Computer Electronics and Graphics Technology Course Override Request Form

Incomplete form or form without instructor approval cannot be processed.

**Form Instruction**

This form only applies to courses offered by the department.

Step #1 – Applicant must complete the form

Step #2 – Instructor approval (signature/email) is required

Step #3 – Send the completed form, along with instructor’s approval, to CEGT@ccsu.edu

**\*All fields are required!**

Student Name: Click or tap here to enter text. Semester / Year: Click or tap here to enter text.

Student ID #:Click or tap here to enter text. Date:Click or tap here to enter text.

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| --- | --- | --- | --- | --- | --- | --- |
|  **Course Name\*****(e.g. Digital circuit)** | **Course Designator\*** | **Course #\*****(e.g. 363)** | **Section\*****(e.g. 01)** | **CRN #\*****(e.g. 45361)** | **Override for\*****(e.g. prereq, capacity, time conflict, etc.)** | **Under /Grad\*** |
| Click or tap here to enter text. | Choose an option | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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 Click or tap here to enter text.

Instructor Signature (or instructor approves the form by email) Date

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