

Override Form

Last Name: _____ ID# **987** - _____ - _____

First Name: _____

Major: _____ Minor: _____

Check all that apply:

1. _____ Student has permission to enroll in the 'closed' course listed below:

Course Code and Section	Course Title	# Credit Hours
_____	_____	_____

Department Chair of Course: _____ Date: _____

Note: Student must have approval of the **course's** Department Chair.

2. _____ Student has approval to enroll in the course below without satisfying the prerequisite:

Course Code and Section	Course Title	# Credit Hours
_____	_____	_____

Department Chair of Course: _____ Date: _____

Note: Student must have approval of the **course's** Department Chair.

3. _____ Student has permission to enroll in more than 18.0 credit hours for the upcoming semester:

Department Chair of Student: _____ Date: _____

Note: Student must have approval of **her** Department Chair.

Student Signature: _____ Date: _____

For Registrar's Office use only:

Entered By: _____ Date: _____