



OVERRIDE REQUEST FORM

PART 1 - to be completed by Student: *(Take to College or School Office when completed)*

Name _____ Banner ID# _____ Date _____

Email Address for Notification _____

Major _____ Expected Graduation Date _____

Number of hours earned _____

Number of hours planned or taking this semester _____ Registration date _____

Circle Academic Level: *Freshman* *Sophomore* *Junior* *Senior* *Grad Student*

Circle Semester Override Requested: *Spring* *Summer* *May Interim* *Fall*

CRN # COURSE # SECTION TITLE

COURSE REQUESTED: _____

REASON FOR REQUEST: Check one or more reasons listed below and provide explanation.

- Closed Class
- Prerequisite restriction
- Major/Program/Class restriction
- Other (provide specifics)

Fill in your anticipated schedule below* --this includes work and/or activities that would interfere with your schedule. If a course has multiple sections, you **may** be approved for one that does not appear to conflict with this schedule. (*Student may attach a copy of his/her schedule to this form.)

Discipline	Course #	Section #	Course Title	Time Begin	Time End	M	T	W	Th	F
ACCT	211	01	Acct. for Business Ops. (EXAMPLE)	8:30	9:20	X		X		X

Student Signature _____

PART 2 for office use only:

Approval Signature _____ Expiration Date _____
(Dean &/or Department Chair as appropriate)

Student Notified _____ Approved _____ Denied _____