

AUTHORIZATION TO OVERRIDE A COURSE SEATING LIMIT

(Please complete and have student bring to Student Service Center- Room 121BL)

DATE _____

NAME: _____ STUDENT #: _____

TERM: _____ COURSE TITLE _____

CRN _____ DEPT: _____ COURSE# _____ Section _____

*******Restriction MUST have Chair or Dean's override signature next to it.**

RESTRICTION BEING OVERRIDDEN

CLOSED COURSE _____ (Chair's signature)

PRE-REQUISITE /CO-REQUISITE NOT NEEDED OR IN ERROR _____
(Chair's signature)

TIME CONFLICT OVERRIDE _____ (Chair's signature)

INSTRUCTOR APPROVAL NEEDED _____ (Chair's signature)

MAJOR RESTRICTION OVERRIDE _____ (Chair's signature)

CLASS LEVEL OVERRIDE _____ (Dean's Signature ONLY)

ACADEMIC HOLD _____ (Chair's signature)

FACULTY SIGNATURE (IF NEEDED) _____

DEAN'S OFFICE AUTHORIZATION (IF NEEDED) _____

REASON for OVERRIDE: _____

N.B. – Please note that the department chairperson must authorize entry into a “closed course”. Faculty teaching a course that is closed may be consulted regarding overriding course limits, but the department chairperson's authorization is final and necessary for the override to be processed by the STUDENT SERVICE CENTER. In highly selective and rare circumstances, the Dean's Office may also authorize entry into “closed” courses. **UPON COMPLETION, PLEASE HAVE STUDENT BRING THIS FORM TO THE STUDENT SERVICE CENTER FOR PROCESSING.** (Word:override)