AUTHORIZATION TO OVERRIDE A COURSE SEATING LIMIT

(Please complete and have student bring to Hawk Central- 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: ____________________________

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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 Hawk Central. 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 HAWK CENTRAL FOR PROCESSING.**

(Word:override)