

### Registration Override Form

Completed forms should be submitted to the Registrar's Office.

Semester:  Summer     Fall     Winter     Spring    Year: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Please print): \_\_\_\_\_ Banner ID: \_\_\_\_\_

	CRN	Subject and Course Number	Course Title	Credit Hours
Requested Course				
Linked course (if applicable)				

Student Signature: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ (if applicable)

**Complete only the section(s) necessary.**

<input type="checkbox"/> <b>CLOSED COURSE:</b> Allow this student to register above the maximum class size. (Override only available during Drop/Add period)  _____ Instructor signature <span style="float: right;">Date</span>  _____ Division Chair signature <span style="float: right;">Date</span>	<input type="checkbox"/> <b>PREREQUISITE/COREQUISITE OVERRIDE:</b> Rationale for override: _____  _____ Instructor signature <span style="float: right;">Date</span>  _____ Division Chair signature <span style="float: right;">Date</span>
<input type="checkbox"/> <b>OTHER:</b> For requests that do not fit into the other noted requests please provide rationale associated. Rationale for override: _____ _____ _____  _____ Instructor signature <span style="float: right;">Date</span>  _____ Division Chair signature <span style="float: right;">Date</span>  _____ Associate Vice President for Academic Affairs signature <span style="float: right;">Date</span>	<input type="checkbox"/> <b>REGISTRATION CREDIT LIMIT</b> (Some requests may require final grade review of current semester coursework.)  <input type="checkbox"/> <b>OVER 18 CREDIT OVERLOAD</b> <input type="checkbox"/> <b>OVER 14 CREDIT PROBATION LIMIT</b> <input type="checkbox"/> <b>OVER SEMESTER or PART-OF-TERM CREDIT LIMIT</b>  Allow this student to register up to _____ credits.  _____ Associate Vice President for Academic Affairs signature <span style="float: right;">Date</span>

For Registrar's Office Use ONLY:      Initials: \_\_\_\_\_      Date Processed: \_\_\_\_\_