

REGISTRATION OVERRIDE AUTHORIZATION

Please note: Presentation of this form in no way obligates the instructor to grant students permission to enter courses that have reached maximum enrollment.

Last Name	First Name	Student ID

Has permission to register for:

CRN	Course and Section	Semester

Please check reason for override authorization:

- Course prerequisite override (requires Dept. Chair/Program Director or Division Dean Signature)
- Course restricted (requires Dept. Chair/Program Director or Division Dean Signature)

- Course is currently full (note: lab science courses require instructor and Dept. Chair approval)

- Late add (after *add/drop* period)
- Time Conflict

Instructor Signature: _____ Date: _____

Department Chairperson/Program Director: _____ Date: _____

OR

Dean Signature _____ Date: _____

Please Note: Attach any supporting documentation (i.e., transcripts) to this form.