

**OVERRIDE FORM**

STUDENT NAME	_____
STUDENT (BANNER) I.D.	_____
COURSE NAME	_____
CRN	_____ SEMESTER _____

Faculty/Advisor: Please check ALL appropriate override(s).

- \_\_\_\_\_ **APPROVAL- Special Approval**
- \_\_\_\_\_ **CAPACITY- Capacity Override (Must have Assistant Dean's approval)**
- \_\_\_\_\_ **CLASS - Classification Override (Sophomore, Junior, etc)**
- \_\_\_\_\_ **COHORT- Cohort Override**
- \_\_\_\_\_ **COLLECT- Collective Override**
- \_\_\_\_\_ **COLLEGE- College Override**
- \_\_\_\_\_ **COREQ- Co-requisite Override**
- \_\_\_\_\_ **DEGREE- Degree Override**
- \_\_\_\_\_ **DEPT- Department Override**
- \_\_\_\_\_ **DUPLICATE- Duplicate Course Override**
- \_\_\_\_\_ **FIELD OF STUDY- Major, Minor, or Concentration Override**
- \_\_\_\_\_ **PREREQS- Prerequisite or test score Override**
- \_\_\_\_\_ **PROGRAM- Program Override**
- \_\_\_\_\_ **STU ATTR- Student Attribute Override**
- \_\_\_\_\_ **TIME- Time Conflict Override (Must have faculty approval)**
- \_\_\_\_\_ **REPEAT HRS- Repeat hours Override**

Faculty/ Advisor Approval: \_\_\_\_\_ Date \_\_\_\_\_

*This form must be completed and returned to the OVERRIDE mailbox in the kitchen.  
If you would like more than one student given an override for one CRN, please attach a TYPED list of students to this completed form.*

**OVERRIDES WILL BE PROCESSED WITHIN 24 HOURS (DURING NORMAL BUSINESS HOURS).**

<b>Internal Office Use:</b> Processor: _____	Date _____
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