

Kent State University, School of Art Override Form

This form is valid for **Spring 14 ONLY** and must be completed and turned in to the School of Art office by
4:00 p.m. January 24, 2014.

Please complete this entire form, printing in **all** spaces requested. If filled out the proper way, this form will permit students to enroll themselves in the specified course. You are responsible for having met all prerequisites for this course.

Student Name _____ Banner ID _____
Phone _____ Email _____@kent.edu
Course Prefix (4 letters) _____ Course Number (5 numbers) _____
CRN (5 numbers) _____ Credit Hours _____ Instructor _____

Check **ALL** reasons that the override is required:

Special Approval Needed Field of Study Prerequisite
Capacity Override Time Conflict List Other _____

× _____ × _____
Professor Signature Date Student Signature Date

***YOU ARE RESPONSIBLE FOR REGISTERING FOR THIS COURSE.
THIS PERMIT DOES NOT AUTOMATICALLY ENROLL YOU.***