

Course Exception/Override Form Fall Spring Year _____

Name: _____ **Student ID#:** _____ **Class Year:** _____

CLASS# (4digits)	Subject, Course & Section	Title	Credit	Instructor	Time	PASS/FAIL	
						YES	NO
Related Lab							

- Time Conflict Prerequisite Restriction Class Year Restriction
 Major, Minor, etc., Restriction Repeated Course* Enrollment Limit

Please return this form to the Registrar's Office by the end of Advance Registration or by the Add/Drop deadline.

Instructor's Signature _____ Date: _____

Dept. Chairperson's/Program Director's Signature _____

*(if you wish to repeat a course for which you earned a passing grade)

NOTE: This Form is to be used only for ADDING a class. Students are responsible for DROPPING classes online by the ADD/Drop deadline.

White Copy - REGISTRAR'S OFFICE

Yellow Copy - STUDENT