

## Course Exception/Override Form

Fall ☐ Spring ☐ Year \_\_\_\_\_

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_ **Class Year:** \_\_\_\_\_

CLASS# (4 digits)	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. Please retain a copy for your records.**