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| <b>REGISTRATION OVERRIDE FORM</b> |
|-----------------------------------|

 Banner Student ID #: \_\_\_\_\_ Name: \_\_\_\_\_ Semester: \_\_\_\_\_  
First Last

| CRN # | SUBJECT | COURSE # | COURSE TITLE | CREDIT HOURS |
|-------|---------|----------|--------------|--------------|
|       |         |          |              |              |

 \_\_\_\_\_  
 Student Signature

 \_\_\_\_\_  
 Advisor Signature (required)

Complete only the section(s) necessary.

|   |   |
|---|---|
| <input type="checkbox"/> <b>CLOSED COURSE:</b> Allow this student to register above the maximum class size.<br><br>_____<br>Instructor signature <span style="float: right;">Date</span><br><br>_____<br>Division Chair signature <span style="float: right;">Date</span> | <input type="checkbox"/> <b>PREREQUISITE/COREQUISITE OVERRIDE</b><br><br>Rationale for override: _____<br><br>_____<br><br>_____<br>Instructor signature <span style="float: right;">Date</span><br><br>_____<br>Division Chair signature <span style="float: right;">Date</span>   |
| <input type="checkbox"/> <b>OVER 18 CREDIT OVERLOAD:</b><br>Allow this student to register up to _____ credits.<br><br>_____<br>Dean for Academic Initiatives signature <span style="float: right;">Date</span>   | <input type="checkbox"/> <b>OVER 14 CREDIT PROBATION LIMIT:</b><br>Allow this student to register up to _____ credits. Requests will be considered after final grades are recorded.<br><br>_____<br>Dean for Academic Initiatives signature <span style="float: right;">Date</span> |
| <b>FOR REGISTRAR'S OFFICE USE ONLY</b><br><br>Initials: _____<br>Date Processed: _____  |   |