

Course Restriction Override Permit

Course _____ - _____ - _____ CRN _____ Credit Hours _____ Semester _____ Year _____
Subject Number Section

Student's Name _____ Dawg Tag 85- _____
Last Name (Surname) First Name (Given Name)

Departmental Advisor and/or Instructor:

Please select a reason for override approval. Signature and date are required. If multiple reasons, check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> CAPACITY
Closed Class | <input type="checkbox"/> FIELD
Restricted to Specific Major/Field | <input type="checkbox"/> SPECIAL APP
Special Approval (ALL) |
| <input type="checkbox"/> CLASS
Closed Class | <input type="checkbox"/> PROGRAM
Restricted to Specific Program | <input type="checkbox"/> TIME
Course Time Conflict/Overlap |
| <input type="checkbox"/> COLLEGE
Restricted to Specific College | <input type="checkbox"/> REPEAT
Course Previously Taken | <input type="checkbox"/> LATE ENTRY
Entry After Self Registration Date |
| <input type="checkbox"/> DEGREE
Restricted to Specific Degree | <input type="checkbox"/> COREQ
Co-Requisite required _____
List all unmet Co-Requisites | |
| <input type="checkbox"/> DUPLICATE
Repeat Course Same Semester | <input type="checkbox"/> PREREQ
Pre-Requisite required _____
List all unmet Pre-Requisites | |

Instructor's Signature

Date

Authorized Dept. Signature

Date

For Advisement Office use only

Restrictions Lifted By

Date

Course Restriction Override Permit

Course _____ - _____ - _____ CRN _____ Credit Hours _____ Semester _____ Year _____
Subject Number Section

Student's Name _____ Dawg Tag 85- _____
Last Name (Surname) First Name (Given Name)

Departmental Advisor and/or Instructor:

Please select a reason for override approval. Signature and date are required. If multiple reasons, check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> CAPACITY
Closed Class | <input type="checkbox"/> FIELD
Restricted to Specific Major/Field | <input type="checkbox"/> SPECIAL APP
Special Approval (ALL) |
| <input type="checkbox"/> CLASS
Closed Class | <input type="checkbox"/> PROGRAM
Restricted to Specific Program | <input type="checkbox"/> TIME
Course Time Conflict/Overlap |
| <input type="checkbox"/> COLLEGE
Restricted to Specific College | <input type="checkbox"/> REPEAT
Course Previously Taken | <input type="checkbox"/> LATE ENTRY
Entry After Self Registration Date |
| <input type="checkbox"/> DEGREE
Restricted to Specific Degree | <input type="checkbox"/> COREQ
Co-Requisite required _____
List all unmet Co-Requisites | |
| <input type="checkbox"/> DUPLICATE
Repeat Course Same Semester | <input type="checkbox"/> PREREQ
Pre-Requisite required _____
List all unmet Pre-Requisites | |

Instructor's Signature

Date

Authorized Dept. Signature

Date

For Advisement Office use only

Restrictions Lifted By

Date