Department of Computer Science

COURSE OVERRIDE REQUEST

Student Name: _____**ID:** _____

Email: _____ **Phone:** _____

Semester: ____Spring ____Maymester ____Summer ____Fall **Year: 20_____**

Please indicate **ALL** override categories. Forms will **NOT** be processed if all applicable categories are not checked.

Use the format below to request course overrides for courses in our Department **ONLY**.

Call Number	Course ID	Section	Course Title	Instructor's Initials	Type of Override		
					Closed Class	Permit or Pre-req.	Time Conflict

SIGNATURES:

_____	_____
Student	Date
_____	_____
Advisor	Date
_____	_____
Dept. Chair	Date
_____	_____
Resource Coordinator	Date

Comments

8.18.14 rab