

**COURSE OVERRIDE REQUEST**

College: \_\_\_\_\_

Department: \_\_\_\_\_ Advisor: \_\_\_\_\_

Term: \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall 20\_\_\_\_

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

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 your Department **ONLY**

| CRN   | Course ID | Section | Course Title            | Type of Override |                   |               |
|-------|-----------|---------|-------------------------|------------------|-------------------|---------------|
|       |           |         |                         | Closed Class     | Permit or Pre-req | Time Conflict |
| 10267 | MUSC109   | 01      | Secondary (Class) Piano | X                |                   |               |

| CRN | Course ID | Section | Course Title | Type of Override |                   |               |
|-----|-----------|---------|--------------|------------------|-------------------|---------------|
|     |           |         |              | Closed Class     | Permit or Pre-req | Time Conflict |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |
|     |           |         |              |                  |                   |               |

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
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