

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
