STUDENT NAME ______________________________________________________
STUDENT (BANNER) I.D. _______________________________________________
COURSE NAME ______________________________________________________
CRN _____________________ SEMESTER ____________________________

Faculty/Advisor: Please check ALL appropriate override(s).

_________________APPROVAL- Special Approval
_________________CAPACITY- Capacity Override (Must have Assistant Dean’s approval)
_________________CLASS - Classification Override (Sophomore, Junior, etc)
_________________COHORT- Cohort Override
_________________COLLECT- Collective Override
_________________COLLEGE- College Override
_________________COREQ- Co-requisite Override
_________________DEGREE- Degree Override
_________________DEPT- Department Override
_________________DUPLICATE- Duplicate Course Override
_________________FIELD OF STUDY- Major, Minor, or Concentration Override
_________________PREREQS- Prerequisite or test score Override
_________________PROGRAM- Program Override
_________________STU ATTR- Student Attribute Override
_________________TIME- Time Conflict Override (Must have faculty approval)
_________________REPEAT HRS- Repeat hours Override

Faculty/ Advisor Approval: _____________________________ Date __________________

This form must be completed and returned to the OVERRIDE mailbox in the kitchen.
If you would like more than one student given an override for one CRN, please attach a TYPED list of students
to this completed form.

OVERRIDES WILL BE PROCESSED WITHIN 24 HOURS (DURING NORMAL BUSINESS HOURS).

Internal Office Use:
Processor: _____________________________ Date __________________