



Admissions and Records  
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# Override Authorization

One override form per class (course).

LEGAL NAME (LAST, FIRST, MIDDLE)		SEMESTER OF ENROLLMENT 20____
STUDENT ID or SS#		<input type="checkbox"/> FALL <input type="checkbox"/> SUMMER I <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER II
<b>C L A S S</b>	CLASS NUMBER Example (13245)	SUBJECT, CATALOG NO. Example (ENG101)

**FOR COLLEGE USE ONLY:**  
 Overrides may only be accepted by authorized College Official/ Advisor, Instructor, Counselor, or Department Chair, Dean, or designate.

<b>O v e r r i d e  A u t h</b>	<input type="checkbox"/> CLASS LIMIT	AUTHORIZING SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
	<input type="checkbox"/> REQUISITES	AUTHORIZING SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
	<input type="checkbox"/> DEPT/INSTRUCTOR CONSENT	AUTHORIZING SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
	<input type="checkbox"/> TIME CONFLICT An Instructor authorizing a time conflict override is committing to accommodate the student.	AUTHORIZING INSTRUCTOR SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
		AUTHORIZING INSTRUCTOR SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
		DEPARTMENT CHAIR SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
		DEPARTMENT CHAIR SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
		DEAN OF INSTRUCTION SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
	<input type="checkbox"/> ACADEMIC LOAD Continuing Student- GPA 3.0 from preceding term. New student— top quarter of their H.S. class. (AR 2.3.1) <b>19-21 credits</b>	AUTHORIZING <u>ADVISOR</u> SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP
	<input type="checkbox"/> ACADEMIC LOAD Continuing Student- GPA 3.0 from preceding term. New student— top quarter of their H.S. class. (AR 2.3.1) <b>22+ credits</b>	AUTHORIZING <u>DEAN</u> SIGNATURE/DATE <b>(REQUIRED)</b>	DEPARTMENT STAMP

STUDENT SIGNATURE _____	DATE _____	ADVISOR SIGNATURE _____	DATE _____
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Students are strongly encouraged to consult an advisor  
 Prior to registration