DEPARTMENT OF PSYCHOLOGY COURSE OVERRIDE FORM

Override must come from the instructor. Please take this form to the instructor and have him/her sign it. Once it has been signed you must return the form to Jenny Casey in room 116.

Once the override has been granted you must register for the course using the VIP system, before the last day to add a class. *Using this form will not automatically enroll you in the course*.

All information must be filled in completely in order for your override to be processed.

STUDENT INFORMAT	ION:		
STUDENT NAME:		SID#:	
TELEPHONE NUMBER:		OR E-MAIL:	
Course Information	ON:		
COURSE NUMBER:		SECTION:	CALL NUMBER:
PLEASE CIRCLE THE	SEMSESTER I	FOR WHICH YOU ARE R	EQUESTING AN OVERRIDE:
Fall	Spring	1 st Summer (4wk)	2 nd Summer (8wk)
Type of Override 1	REQUESTING	: (PLEASE CHECK ALL	THAT APPLY)
CLOSED CLASS CONTROLLED ENROLLMENT		PROGRAM RESTRICTIONS COURSE PREREQUISITE	
INSTRUCTOR'S SIGNATURE			DATE

OFFICIAL USE ONLY

OVERRIDE GRANTED

DATE: _____TIME:_____

INITIALS :