

## Course Restriction Override Permit

Course \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CRN \_\_\_\_\_ Credit Hours \_\_\_\_\_ SEM \_\_\_\_\_ YR \_\_\_\_\_  
Subject Number Section

Student's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Dawg Tag 85- \_\_\_\_\_

### Departmental Advisor or Instructor:

Please select a reason for override approval. Signature and date are required. If multiple reasons, check all that apply.

☐

**CAPACITY**

Closed Class

☐

**FIELD**

Restricted to Specific Major/Field

☐

**SPECIAL APP**

Special Approval (ALL)

☐

**CLASS**

Classification Fr, So, etc.

☐

**PROGRAM**

Restricted to Specific Program

☐

**TIME**

Course Times Conflict/Overlap

☐

**COLLEGE**

Restricted to Specific College

☐

**REPEAT**

Course Previously Taken

☐

**LATE ENTRY**

Entry After Self Registration Date

☐

**DEGREE**

Restricted to Specific Degree

☐

**COREQ**

Co-Requisite required \_\_\_\_\_

List all unmet Co-Requisites

☐

**DUPLICATE**

Repeat Course Same Semester

☐

**PREREQ**

Pre-Requisite required \_\_\_\_\_

List all unmet Pre-Requisites

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Dept. Signature

\_\_\_\_\_  
Date

For Advisement Office use only

\_\_\_\_\_  
Restrictions Lifted by

\_\_\_\_\_  
Date

Spring '12