



FACULTY OF ARTS AND SCIENCES

Registration Override Form
For
Special and/or Prospective Graduate

Please attach course syllabi as needed

Student's Full Name: Student's ID number:

Major:

Class: Prospective Graduate SP

Date:

Please allow me to register for:

Course name and number: CRN:

Waiver requested for Pre-requisite/ Co-requisite:

Chairperson's Decision:

Approved

Declined

Comments:

Date

Authorized Signature

If approved, this form should be submitted to the Registrar's Office