OVERRIDE REQUEST FORM

(Please PRINT)

Date: __________________

Name: ____________________  Student

Last   First   MI

CSUID: ___________________

Address: ____________________  Phone: __________________

________________________  E-mail: __________________

Student Level:  Freshman  Sophomore  Junior  Senior  Graduate

What is your current major: ____________________  Requested Semester: ____________________

This completed form does not constitute registration. It only authorizes an override of existing
course/section restrictions when presented during authorized registration periods. HOLDS on a
student’s registration do not extend registration or schedule change (add/drop) periods. This form
does not provide permission for credit overloads, pass/fail or audit credit.

Please indicate your 1st, 2nd, and 3rd choices

<table>
<thead>
<tr>
<th>Course</th>
<th>Lecture CRN #</th>
<th>Recitation CRN #</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STAT201)</td>
<td>(64518)</td>
<td>(64527)</td>
<td>(3)</td>
</tr>
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<td>1.</td>
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<td>3.</td>
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</tbody>
</table>

Don’t forget to list all labs or recitations with the lecture.
Provide an explanation of why you MUST take this course this semester.
If it is a prerequisite for a course you must take in the next semester, provide the course # of the next course:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

THE FOLLOWING SECTION IS FOR DEPARTMENT USE ONLY

STATUS OF REQUEST FOR OVERRIDE:  APPROVED  DENIED

Department Signature ____________________  Date __________________

The student ______ has ______ has not been advised of the status of his/her request for override approval.  Initial ______