Colorado State University

Knowledge to Go Places

Department of Statistics
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OVERRIDE REQUEST FORM

(Please PRINT)

Date: _____

Name: _____ Student CSUID: _____
Last First MI

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

Course (STAT201)	Lecture CRN # (64518)	Recitation CRN # (64527)	Credits (3)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If already enrolled and you are requesting a change in Lecture or Recitation section, please show your current enrollment in this box.

Lecture CRN _____

Recitation CRN _____

Lecture2 CRN _____

Recitation2 CRN _____

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_____

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