



RESTRICTION OVERRIDE FORM

To be filled only by the Department Chair. Validity 24 hours only after the Dean's Approval.

Student Name		Semester	
Student ID		Class	
Major		Cummulative GPA	
Earned Hours		Current Registered Hours	

Course Code		Course Title	
Section		CRN	
Repeat Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Attempts	

To be filled by Instructor/Department Chair

Type of Restriction

<input type="checkbox"/> Class capacity restriction	<input type="checkbox"/> Co-requisite restriction	Specify: _____
<input type="checkbox"/> Major Restriction	<input type="checkbox"/> Program Restriction	
<input type="checkbox"/> Level Restriction	<input type="checkbox"/> PRE - REQUISITE	
<input type="checkbox"/> Elective Class	<input type="checkbox"/> Other	Specify: _____
<input type="checkbox"/> Instructor's Approval		

Instructor's Name: _____

Comments:

Chair/Associate Chair's Approval (Department in which the course is offered)

Approved Rejected

Chair's Name:		Date	
Chair's Signature			

Dean's Approval (College in which the course is offered)

Approved Rejected

Dean's Name		Date	
Dean's Signature			

To be filled for the Registrar's Office Use

Comments:

Registration Officer		Date	
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copies: Green - Registrar Office Copy
 White - Student Copy
 Yellow - College Dean / Dept. Chair