

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"/> Other Specify: _____ |
| <input type="checkbox"/> Elective Class | |
| <input type="checkbox"/> Instructor's Approval | <input type="checkbox"/> PRE - REQUISITE (needs VRAA Approval) |

Instructor's Name: _____

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

Approved Rejected

Comments:

Chair's Name		Date	
Chair's Signature			

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

Approved Rejected

Comments:

Dean's Name		Date	
Dean's Signature			

VRAA Approval (for PRE-REQUISITE OVERRIDE ONLY)

Approved Rejected

VRAA's Name		Date	
VRAA's Signature			

To be filled for the Registrar's Office Use

Processed by		Date	
Signature			